2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000002507

1. Entity Name
BROKERS TITLE OF ORLANDO, LTD.

FILED
04 APR 30 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02262004 Chg-LP CR2E003 (10/03)

Principal Place of Business	Mailing Address
2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789	2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
1501 W. Colonial Drive	241 S. Westmonte Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1000
City & State Orlando, FL	City & State Altamonte Springs, FL
Zip: 32804 Country: USA	Zip: 32714 Country: USA

4. FEI Number: 59-3541096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEPHAN, REINHARD G ESQ. 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) 241 S. Westmonte Drive, Suite 1000 City: Altamonte Springs, FL Zip Code: 32714

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 3-25-04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$20,000.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000063500 BROKERS TITLE OF ORLANDO, INC. 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	241 S. Westmonte Dr., Suite 1000 Altamonte Springs, FL 32714
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ 3-25-04 407-772-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #