

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000002507 1. Entity Name BROKERS TITLE OF ORLANDO, LTD.	
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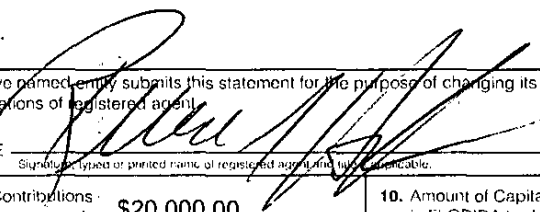
SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789	Mailing Address 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789
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2. Principal Place of Business 1501 W. Colonial Drive Suite Apt. # etc. City & State Orlando, FL Zip 32804 Country USA	3. Mailing Address 241 S. Westmonte Dr. Suite Apt. #, etc. Suite 1000 City & State Altamonte Springs, FL Zip 32714 Country USA	4. FEI Number 59-3541096 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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02262004 Chg-LP CR2E003 (10/03)

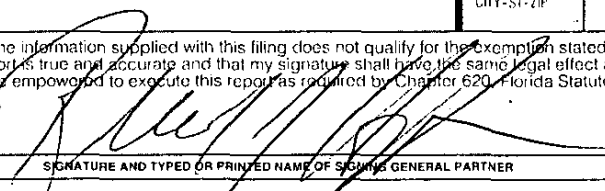
6. Name and Address of Current Registered Agent STEPHAN, REINHARD G ESQ. 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789 SIGNATURE:  Signature typed or printed name of registered agent and title, if applicable.	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. DATE: 3-25-04
9. Capital Contributions as Shown on record. \$20,000.00	10. Amount of Capital Contributions in FLORIDA to date.

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 # P98000063500 NAME BROKERS TITLE OF ORLANDO, INC. STREET ADDRESS 2699 LEE ROAD, SUITE 540 CITY-ST-ZIP WINTER PARK, FL 32789	STREET ADDRESS 241 S. Westmonte Dr., Suite 1000 CITY-ST-ZIP Altamonte Springs, FL 32714
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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 #

STAPLE CHECK HERE