


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/05/04

DOCUMENT # L00000002469

1. Entity Name
BROKERS TITLE OF ORLANDO III, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 PM 12:46

Principal Place of Business
2699 LEE ROAD, STE 540
WINTER PARK, FL 32789

Mailing Address
2699 LEE ROAD, STE 540
WINTER PARK, FL 32789



2. Principal Place of Business
1501 W. Colonial Drive
Suite, Apt. #, etc.

3. Mailing Address
241 S. Westmonte Dr.
Suite, Apt. #, etc.
Suite 1000

02242004 Chg-LLC CR2E083 (10/03)

City & State
Orlando, FL

City & State
Altamonte Springs, FL

Zip
32804

Country
USA

Zip
32714

Country
USA

4. FEI Number
59-3648215

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHAN, REINHARD G
2699 LEE ROAD, STE 540
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

241 S. Westmonte Dr., 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE 4-26-04

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHAN, REINHARD G 2699 LEE RD., #540 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX Change <input type="checkbox"/> Addition 241 S. Westmonte Dr., Ste. 1000 Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4-26-04 Daytime Phone # 407-772-3330