


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
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2. Principal Place of Business 1501 W. Colonial Drive Suite, Apt. #, etc.	3. Mailing Address 241 S. Westmonte Dr. Suite, Apt. #, etc. Suite 1000
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02242004 Chg-LLC CR2E083 (10/03)

City & State Orlando, FL	City & State Altamonte Springs, FL
Zip 32804	Zip 32714
Country USA	Country USA

4. FEI Number 59-3648215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

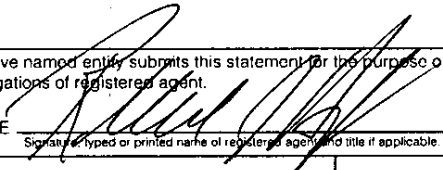
Name

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  (NOTE: Registered Agent signature required when reinstating)

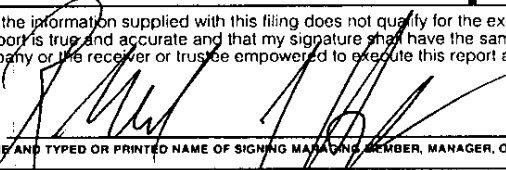
DATE **4-26-04**

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

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:  DATE: **4-26-04** DAYTIME PHONE #: **407-772-3330**

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