## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008828						au an	1/25	-//	
1. Entity Name BROKERS TITLE OF ORLANDO IV, LLC					SECR	FILED ETARY OF STAT LOF CORPORAT	E MOS	10/	v
					B   MAISION	OF CORPORAT	IONS	, , , ,	
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Principal Plac	Mailing Address	699 LEE ROAD, SUITE 540			ا المالية الم	10			
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2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	. Colonial Dr.	241 S. Westmonte Dr.			_				
Suite, Apr.	# <sub>3</sub> e	Suite, Apt. #, etc. Suite 1000			02172004	Chg-LLC	CR2E083 (10/	03)	
Citv & Stat	e	City & State			4. FEI Numb			Applied For	_
Orlando Zip	, FL Country	Altamonte Springs, FL Zip Country				59-3660894   Not Applicable			
32804	USA	32714	USİ			of Status Desired	Fee Rec		
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered Agent		
STEPHAN REINHARD G Re					nhard G. Stephan				
	ROAD, SÚITÉ 540 PARK, FL 32789	Street Address (P.O.			ss (P.O. Box Numb	O. Box Number is Not Acceptable)			
VVIINTEIX	ARR, FL 32709		241 S. We			monte Dr.	, Suite	1000	
	Ö	1.	City Altamonte			brings.	FL Zip	2714	
· 8. The above	named entity submits this statement of	the purpose of changing its	registered				rida. I am familiar v	rith, and acce	ept
the obligations of project red/agent.  4-24-04									
SIGNATURE .	Signature typed or printed name of registered egyption	and title if applicable. {NOTE	: Registered A	igent signature requ	vired when reinstating)	<u> </u>	DATE		ĺ
	// //		<del>-</del>	<del></del>					
Filing Fee is \$50.00 Due by May 1, 2004							check payable Department of S		
	ue by may 1, 2004					1101100	Department or t		
9.	MANAGING MEMBE		10.			ADDITIONS/		🗆 •	tion
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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 truefoce empowered to execute this report as required by Chapter 608, Florida Statutes.									
limited lia	bility company or the receiver or trueled	e empowered to execute this i	report as re	equired by Ch	napter 608, Florida	Statules.			
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SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME O	SIGNING MANAGING MEMBER, MAN	NAGER, OR A	UTHORIZED REPRI	IESENTATIVE	Date	Daytime Pho	e *	-
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