

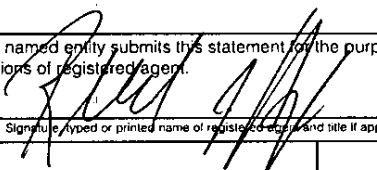
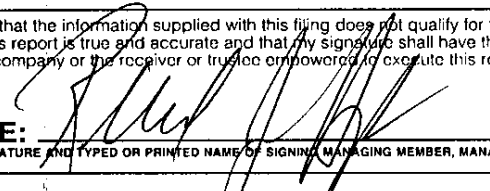


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008828 1. Entity Name BROKERS TITLE OF ORLANDO IV, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 APR 30 PM 12:48 	
Principal Place of Business 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789				Mailing Address 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789			
2. Principal Place of Business 1501 W. Colonial Dr. Suite, Apt. #, etc. _____		3. Mailing Address 241 S. Westmonte Dr. Suite, Apt. #, etc. Suite 1000		02172004 Chg-LLC CR2E083 (10/03)			
City & State Orlando, FL Zip 32804 Country USA		City & State Altamonte Springs, FL Zip 32714 Country USA		4. FEI Number 59-3660894		<input type="checkbox"/> 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, SUITE 540 WINTER PARK, FL 32789			
7. Name and Address of New Registered Agent Name Reinhard G. Stephan 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  DATE 4-26-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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 <input type="checkbox"/> Delete STEPHAN, REINHARD G 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 241 S. Westmonte Dr., Suite 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 100037303961 05/25/04--01070--012 **1250.00		
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		
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: 				Date 4-26-04 Daytime Phone # 407-772-3330			