

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012399

1. Entity Name  
BROKERS TITLE OF ORLANDO V, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

4/20/04

04 APR 30 PM 12:54

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 Drive  
Suite Apt. #, etc.  
Suite 1000



02182004 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  
59-3675206  
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, 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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-04

DATE

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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME STEPHAN, REINHARD G  
STREET ADDRESS 2699 LEE ROAD, SUITE 540  
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 241 S. Westmonte Drive, Suite 1000  
CITY-ST-ZIP Altamonte Springs, FL 32714 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000037303970  
05/25/04--01070--012 \*\*\*1250.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-04 407-772-3330