

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000013640

1. Entity Name
BROKERS TITLE OF ORLANDO VII, LLC



2/205/10/04
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 30 PM 12:56

Principal Place of Business
2699 LEE RD
SUITE 540
WINTER PARK, FL 32789

Mailing Address
2699 LEE RD
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

City & State
Orlando, FL

City & State
Altamonte Springs, FL

02212004 Chg-LLC CR2E083 (10/03)

Zip
32804

Country
USA

Zip
32714

Country
USA

4. FEI Number
59-3681118

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 RD
SUITE 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 typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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