

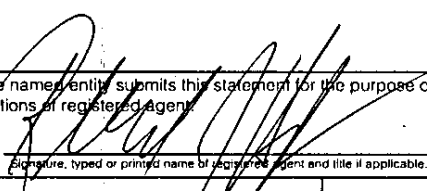
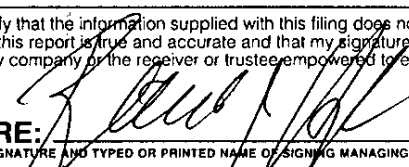


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L01000006403</b> 1. Entity Name <b>BROKER'S TITLE OF ORLANDO VIII, LLC</b>					
Principal Place of Business <b>2699 LEE ROAD SUITE 540 WINTER PARK, FL 32789</b>			Mailing Address <b>2699 LEE ROAD SUITE 540 WINTER PARK, FL 32789</b>		
2. Principal Place of Business <b>1501 W. Colonial Dr.</b>		3. Mailing Address <b>241 S. Westmonte Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Suite 1000</b>			
City & State <b>Orlando, FL 32804</b>		City & State <b>Altamonte Springs, FL</b>			
Country <b>USA</b>		Zip <b>32714</b>		Country <b>USA</b>	
4. FEI Number <b>59-3714455</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>STEPHAN, REINHARD G 2699 LEE ROAD SUITE 540 WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>241 S. Westmonte Drive, Suite 1000</b> City <b>Altamonte Springs, FL</b> Zip Code <b>32714</b>		
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 <b>4-26-04</b>	
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 STEPHAN, REINHARD G 2699 LEE ROAD SUITE 540 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 <b>4-26-04</b> Daytime Phone # <b>407-772-3330</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 30 PM 12:57

4/20/04

Reinhard G. Stephan

Attorney At Law  
241 S. Westmonte Drive, Ste. 1000  
Altamonte Springs, FL 32714

Telephone 407-772-3330  
Facsimile - 407-772-3339

April 26, 2004

Florida Division of Corporations  
2670 Executive Center Circle, Ste. 100  
Tallahassee, FL 32301

Re: Annual Reports 2004

Dear Sir or Madam:

Enclosed please find a check in the amount of \$1,250.00 for the Annual Reports for the following companies:

Home Lending Title, Inc.  
Brokers Holding Company, Inc.  
Brokers Title of Lake Mary, LLC  
Brokers Title of Longwood, I, LLC  
Brokers Title of Longwood, II, LLC  
Brokers Title / MS, LLC  
BT Processing, LLC  
Brokers Title of Leesburg, LLC  
Brokers Title, LC  
Brokers Insurance, LLC  
Brokers Title of Tampa, LLC  
Brokers Title of Tampa, II, LLC  
Brokers Title of Tampa, III, LLC  
Brokers Title of New Tampa, LLC  
Brokers Title of Tampa, V, LLC  
Brokers Title of Orlando, II, LLC  
Brokers Title of Orlando, III, LLC  
Brokers Title of Orlando, IV, LLC  
Brokers Title of Orlando, V, LLC  
Brokers Title of Orlando, VII, LLC  
Brokers Title of Orlando, VIII, LLC

2 x 150

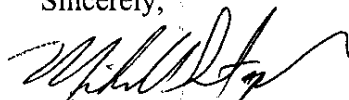
300

19 x 50

950

If you have any questions, please contact this office. Thank you.

Sincerely,

  
Michelle Stephan  
Encl.