## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000006403

1. Entity Name

BROKER'S TITLE OF ORLANDO VIII, LLC



FILEU
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 22 AM 8: 31

Principal Place of Business

1501 W. COLONIAL DR. ORLANDO, FL 32804

Mailing Address

241 S. WESTMONTE DR. SUITE 1000 ALTAMONTE SPRINGS, FL 32714



## DO NOT WRITE IN THIS SPACE

02192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3714455

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

STEPHAN, REINHARD G 241 S. WESTMONTE DRIVE, STE. 1000 ALTAMONTE SPRINGS, FL 32714

## DO NOT WRITE IN THIS SPACE

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 accep
	the obligations of registered agent.
۸.	ONATURE

Filing Fee is \$50.00 Due by May 1, 2005 500049336985 03/29/05--01012--007 \*\*50.00

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHAN, REINHARD G 241 S. WESTMONTE DRIVE, STE. 1000 ALTAMONTE SPRINGS, FL 32714		
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DO	NOT	WRITE
IN	THIS	<b>SPACE</b>

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** 

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED RI

02-25-05

407-772-3336

Daytime Phone #