2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000006403

BROKER'S TITLE OF ORLANDO VIII, LLC



Principal Place of Business

1501 W. COLONIAL DR. ORLANDO, FL 32804

SIGNATURE:

Mailing Address

241 S. WESTMONTE DR. SUITE 1000

ALTAMONTE SPRINGS, FL 32714

FILED Apr 03, 2006 08:00 AM Secretary of State



02252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3714455

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

407-772-3330

6. Name and Address of Current Registered Agent

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

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3-12-06

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)	DATE -
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
title Name Shreet address City-St-zip	MGRM STEPHAN, REINHARD G 241 S. WESTMONTE DRIVE, STE. 1000 ALTAMONTE SPRINGS, FL 32714		- 116066446338
TITLE NAME STREET ADDRESS CITY-ST-219			000000490338 04/18/06-80044-020 50.00
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and eccurate 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 trusted 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 trusted and the provided to execute this report as required by Chapter 608. Florida Statutes.			

SIGNING MANAGING MEMBER, OR AUTHORISED REPRESENTATIVE