


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L01000014551</b> 1. Entity Name <b>BROKER'S TITLE OF TAMPA II, LLC</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>04 APR 30 PM 12:38</b> <i>05/10/04</i>	
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 3644 Madaca Lane Suite, Apt. #, etc. City & State Tampa, FL				3. Mailing Address 241 S. Westmonte Dr. Suite, Apt. #, etc. Suite 1000 City & State Altamonte Springs, FL			
7in 33618				Country USA		Zip 32714	
Country USA				Country USA		4. FEI Number 59-3743915	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required		Applied For Not Applicable	
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 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 <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 4-26-04			
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			TITLE NAME STREET ADDRESS CITY-ST-ZIP	241 S. Westmonte Dr., Suite 1000 Altamonte Springs, FL 32714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100037303881 05/25/04--01070--012 **1250.00			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100037303881 05/25/04--01070--012 **1250.00		
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4-26-04		Daytime Phone # 407-772-3336	