

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 22 AM 8:41

DOCUMENT # L01000020484

1. Entity Name
BROKERS TITLE OF TAMPA III, LLC



Principal Place of Business

3644 MADACA LANE
TAMPA, FL 33618

Mailing Address

3644 MADACA LANE
TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

01272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3760544

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 ESQ.
241 S. WESTMONTE DR., SUITE 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 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, 2005**

000049336930
03/29/05--01012--004 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEPHAN, REINHARD G ESQ.
STREET ADDRESS	241 S. WESTMONTE DR., SUITE 1000
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

2-25-05

Date

407-772-3330

Daytime Phone #