


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025634		
1. Entity Name BROKER'S TITLE OF TAMPA V, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 PM 12:43

05/10/04

Principal Place of Business 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789	Mailing Address 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789
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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
Zip 33618	Country USA
Zip 32714	Country USA

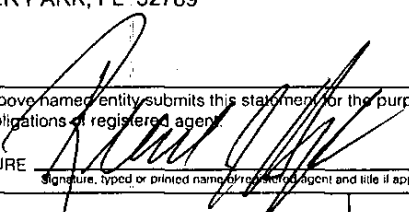
02292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1852924	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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
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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 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 241 S. Westmonte Dr., Suite 1000 Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600037303916 05/25/04--01070--012 **1250.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-26-04

Date

407-772-3320

Daytime Phone #