


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028661		
1. Entity Name BROKER'S TITLE OF NEW TAMPA, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 PM 12:41

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.	3. Mailing Address 241 S. Westmonte Dr. Suite, Apt. #, etc. Suite 1000
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City & State Tampa, FL	City & State Altamonte Springs, FL
Zip 33618	Country USA
Zip 32714	Country USA

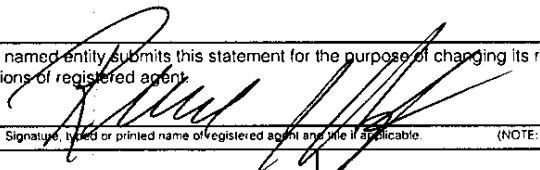
02292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4219131	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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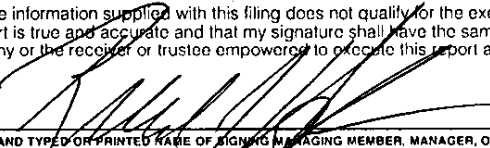
6. Name and Address of Current Registered Agent STEPHAN, REINHARD G 2699 LEE ROAD SUITE 540 WINTER PARK, FL 32789	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 241 S. Westmonte Dr., Suite 1000 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
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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	XX 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 000037303890 05/25/04--01070--012 **1250.00
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
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: 	DATE 4-26-04 Daytime Phone # 407-7748665