


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015238	
1. Entity Name BROKERS TITLE OF LAKE MARY, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2/25/10/04

04 APR 30 PM 12:09

Principal Place of Business 2699 LEE RD., STE. 540 WINTER PARK, FL 32789	Mailing Address 2699 LEE RD., STE. 540 WINTER PARK, FL 32789
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2. Principal Place of Business 2015 W. State Road 434 City, Apt. #, etc.	3. Mailing Address 241 S. Westmonte Dr. Suite, Apt. #, etc. Suite 1000
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02062004 Chg-LLC CR2E083 (10/03)

City & State Longwood, FL	City & State Altamonte Springs, FL
Zip 32779	Country USA
Zip 32714	Country USA

4. FEI Number 57-1167467	Applied For 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 RD., STE. 540 WINTER PARK, FL 32789

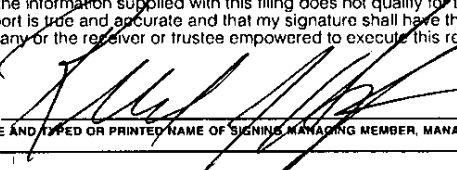
7. Name and Address of New Registered Agent Name Reinhard G. Stephan Street Address (P.O. Box Number is Not Acceptable) 241 S. Westmonte Dr., Suite 1000 City Altamonte Springs, FL Zip Code 32714
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8. The above named entity submits this statement for 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  (NOTE: Registered Agent signature required when reinstating)
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	MGR STEPHAN, REINHARD G ESQ 2699 LEE RD., STE. 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	<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 # 407-772-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		