
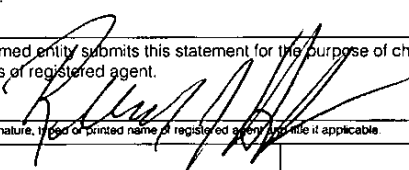
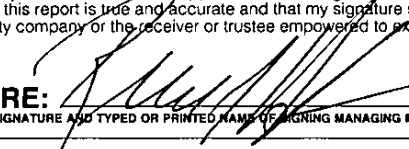


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 22 AM 8:55

<b>DOCUMENT # L04000026901</b> 1. Entity Name <b>BROKER'S TITLE OF EUSTIS, LLC</b>			
Principal Place of Business <b>2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789</b>		Mailing Address <b>2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789</b>	
2. Principal Place of Business <b>241 S. Westmonte Drive</b> Suite, Apt. #, etc. <b>St. 1000</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32714</b> Country <b>USA</b>		3. Mailing Address <b>241 S. Westmonte Drive</b> Suite, Apt. #, etc. <b>St. 1000</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32714</b> Country <b>USA</b>	
4. FEI Number <b>03182005</b> Chg-LLC <b>CR2E083 (10/03)</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>STEPHAN, REINHARD G</b> <b>2699 LEE ROAD, SUITE 540</b> <b>WINTER PARK, FL 32789</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>241 S. Westmonte Drive, Ste 1010</b> City <b>Altamonte Springs</b> <b>FL</b> Zip Code <b>32714</b>		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 <b>3-18-05</b> <small>Signature, if not of printed name of registered agent, is applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>STEPHAN, REINHARD G</b> <b>2699 LEE ROAD, SUITE 540</b> <b>WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500049337083</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>03/29/05--01012--013 **50.00</b>
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.			
<b>SIGNATURE:</b>  <b>Managing Member</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>3-18-05</b> Daytime Phone # <b>407-772-3330</b>	