File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR -9 AM 8: 04 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L94000000623 1a. Principal Place of Business Address BROKERS TITLE, L.C. 2699 LEE ROAD 2699 LEE ROAD 540 SUITE 540 SUITE WINTER PARK FL 32789 WINTER PARK FL 32789 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 11/15/1994 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3328495 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Lee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent STEPHAN, REINHARD G Street Address (P.O. Box Number is Not Acceptable) 2699 LEE ROAD WINTER PARK FL 32789 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE TE Registered Agent signature required when reinstating) (Registered Agent According Ap 10. Title **Business Street Address** City, State and Zip Code MGRM STEPHAN, REINHARD G 2699 LEE ROAD WINTER PARK FL MGRM SPEARS, DOUGLAS C 940 HIGHLAND AVENUE ORLANDO FL 400002488754--- 5 -04/14/98--01097--023 ****188.75 ****188.75

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE

NATURE AND TYPED OF BUILDED AME OF SIGNING MANAGING MEMBER OF MANAGED

Daytime Phone #