

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L94000000623</b><br>1. Entity Name<br><b>BROKERS TITLE, L.C.</b> |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                          |                                                                                              |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>241 S. WESTMONTE DR.<br/>STE. 1000<br/>ALTAMONTE SPRINGS, FL 32714</b> | Mailing Address<br><b>241 S. WESTMONTE DR.<br/>STE. 1000<br/>ALTAMONTE SPRINGS, FL 32714</b> |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|



01242006 No Chg-LLC

CR2E0B3 (11/05)

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|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3328495</b> | Applied For<br><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**

**STEPHAN, REINHARD G  
241 S. WESTMONTE DR.  
STE. 1000  
ALTAMONTE SPRINGS, FL 32714**

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IN THIS SPACE**

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 re-instating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

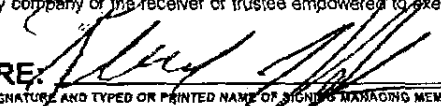
**Filing Fee is \$50.00  
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                         |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>STEPHAN, REINHARD G<br/>241 S. WESTMONTE DR., STE. 1000<br/>ALTAMONTE SPRINGS, FL 32714</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         |

000000490371  
04/18/06-80054-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Reinhard, Stephan** **3-28-06** **407-772-3330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #