


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L94000000623</b> 1. Entity Name <b>BROKERS TITLE, L.C.</b>	
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Principal Place of Business <b>241 S. WESTMONTE DR. STE. 1000 ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>241 S. WESTMONTE DR. STE. 1000 ALTAMONTE SPRINGS, FL 32714</b>
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07032007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3328495</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

<b>STEPHAN, REINHARD G 241 S. WESTMONTE DR. STE. 1000 ALTAMONTE SPRINGS, FL 32714</b>
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**DO NOT WRITE  
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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by September 14, 2007**

000000768368  
07/12/07-80005-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STEPHAN, REINHARD G 241 S. WESTMONTE DR., STE. 1000 ALTAMONTE SPRINGS, FL 32714</b>
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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** 7-5-07 407-772-3330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #