

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000004933

1. **BROKERS TITLE/MS, LLC**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 PM 12:15

42 05/10/04

2699 LEE ROAD, SUITE 540
WINTER PARK, FL 32789

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WINTER PARK, FL 32789

2. Principal Place of Business
1501 W. Colonial Drive
Suite, Apt. #, etc.

3. Mailing Address
241 S. Westmonte Dr.
Suite, Apt. #, etc.
Suite 1000

City & State
Orlando, FL

City & State
Altamonte Springs, FL

Zip
32804

Country
USA

Zip
32714

Country
USA

02192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3592001

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent

STEPHAN, REINHARD G
2699 LEE ROAD, SUITE 540
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Reinhard G. Stephan

241 S. Westmonte Dr., Suite 1000
Altamonte Springs, FL 32714

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 *[Signature]* DATE **4-26-04**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. CURRENTLY LISTED REGISTERED AGENTS		10. CURRENTLY LISTED REGISTERED OFFICES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEPHAN, REINHARD G 2699 LEE ROAD, SUITE 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	MGRM MORTGAGE SUBSIDIARY, INC. 1155 S. SEMORAN, SUITE 1118 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900037303729 05/25/04--01070--012 **1250.00
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: *[Signature]* DATE **4-26-04** DAYTIME PHONE # **407-72-3330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE