

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000006529

1. Entity Name
BROKERS TITLE OF LONGWOOD, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 14 PM 2:22

Name Change: Brokers Title of Orlando, II, LLC

Principal Place of Business (See attached) 2699 LEE ROAD, STE 540 WINTER PARK FL 32789

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3604651 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
STEPHAN, REINHARD G
2699 LEE ROAD, STE 540
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

mf 2/23/00

9. MANAGING MEMBERS/MEMBERS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY- ST- ZIP
Delete
Managing Member
Reinhard G. Stephan
2699 Lee Road, Ste 540
Winter Park, FL 32789
Change Addition
7000003148777-3
-02/25/00--01108--014
*****50.00 *****50.00
Change 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-10-00 Date (407) 629-8870 Daytime Phone #

CR2E083 (9/99)