

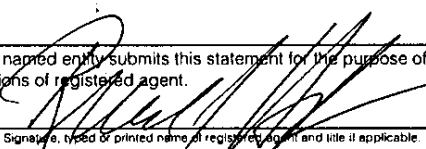
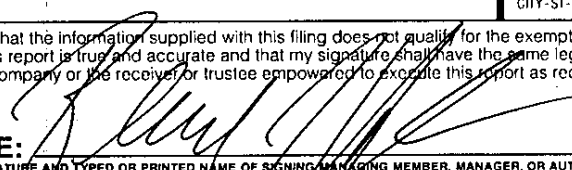


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006529 1. Entity Name BROKERS TITLE OF ORLANDO II, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS APR 30 PM 12:45	
Principal Place of Business 2699 LEE ROAD, STE 540 WINTER PARK, FL 32789				Mailing Address 2699 LEE ROAD, STE 540 WINTER PARK, FL 32789			
2. Principal Place of Business 1501 W. Colonial Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Address 241 S. Westmonte Dr. <small>Suite, Apt. #, etc.</small> Suite 1000					
<small>City & State</small> Orlando, FL		<small>City & State</small> Altamonte Springs, FL		4. FEI Number 59-3604651		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<small>Zip</small> 32804	<small>Country</small> USA	<small>Zip</small> 32714	<small>Country</small> USA	5. Certificate of Status Desired <input type="checkbox"/> \$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 <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> 241 S. Westmonte Dr., Suite 1000 <small>City</small> Altamonte Springs, FL <small>Zip Code</small> 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  DATE 4-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM STEPHAN, REINHARD G 2699 LEE ROAD, STE. 540 WINTER PARK, FL 32789 <input type="checkbox"/> Delete			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	241 S. Westmonte Dr., Suite 1000 Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete			<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<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: 				4-26-04 401-712-3330 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative</small>			