

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042305

FILED  
Apr 18, 2004  
Secretary of State

Entity Name: GABLES TITLE INSURANCE, L.L.C.

**Current Principal Place of Business:**

328 MINORCA AVENUE  
SECOND FLOOR  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

328 MINORCA AVENUE  
SECOND FLOOR  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 87-0713489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STEELE, CLIFFORD R ESQ.  
6841 S.W. 104TH STREET  
PINECREST, FL 33143 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGMR ( ) Delete  
Name: SCHAFER, THOMAS M  
Address: 1121 EAST BAYWATER LANE  
City-St-Zip: FOX POINT, WI 53217

Title: MGRM ( ) Delete  
Name: STEELE, CLIFFORD R ESQ.  
Address: 6841 S.W. 104TH STREET  
City-St-Zip: PINECREST, FL 33156 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHAFER, THOMAS M  
Address: 9100 N WHITE OAK LANE  
City-St-Zip: BAYSIDE, WI 53217

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: ESPINO, LUIS A ESQ.  
Address: 224 CANDIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS M SCHAFER

MGR

04/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date