2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005
Secretary of State

DOCUMENT# L03000042305

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 ( )**

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:	MGR	( ) Delete
Name:	SCHAFER, THOMAS M	
Address:	9100 N WHITE OAK LANE	
City-St-Zip:	BAYSIDE, WI 53217	
Title:	MGRM	( ) Delete
Name:	STEELE, CLIFFORD R ESQ.	
Address:	6841 S.W. 104TH STREET	
City-St-Zip:	PINECREST, FL 33156 US	
Title:	MGRM	(X) Delete
Name:	ESPINO, LUIS A ESQ.	
Address:	224 CANDIA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES:

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

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: CLIFFORD R STEELE MGRM 03/07/2005

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