

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000042305

FILED
Nov 06, 2006
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:

3191 CORAL WAY
SUITE 202
CORAL GABLES, FL 33145 US

Current Mailing Address:

328 MINORCA AVENUE
SECOND FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

3191 CORAL WAY
SUITE 202
CORAL GABLES, FL 33145 US

FEI Number: 87-0713489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

LEON, JHOUSY
3191 CORAL WAY
SUITE 202
CORAL GABLES, FL 33145 US

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: JHOUSY LEON

11/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHAFER, THOMAS M
Address: 3191 CORAL WAY, SUITE 202
City-St-Zip: CORAL GABLES, FL 33145

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 Chapter 119, 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: JHOUSY LEON

CLA

11/06/2006

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