

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044675

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: ORBIS TITLE INSURANCE AGENCY, LC.

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD.  
PENTHOUSE 1135  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

999 PONCE DE LEON BLVD.  
PENTHOUSE 1135  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-1240799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RODRIGUEZ, HUMBERTO L ESQ.  
999 PONCE DE LEON BLVD.  
PENTHOUSE 1135  
CORAL GABLES, FL 33134 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: RODRIGUEZ, HUMBERTO L  
Address: 999 PONCE DE LEON BLVD., PENTHOUSE 1135  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: GONZALEZ, JAVIER  
Address: 999 PONCE DE LEON BLVD, PENTHOUSE 1135  
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:

I hereby certify that the information supplied with this filing does not qualify 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: HUMBERTO L RODRIGUEZ

MGR

02/05/2008

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