2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Mar 29, 2007 08:00 AN DOCUMENT # L04000059382 **Secretary of State** PAC TITLE SERVICES, LLC Principal Place of Business . Mailing Address 4850 SW 72 AVE 4850 SW 72 AVE MIAMI, FL 33155 US MIAMI, FL 33155 US 03232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1517701 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CERVANTES, PAULINA A DO NOT WRITE 4850 SW 72 AVE MIAMI, FL 33155 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME CERVANTES, PAULINA A STREET ADDRESS 4850 SW 72 AVE UNIVERSERGED IN 1 CITY-ST-ZIP MIAMI, FL 33155 04/04/07-80079-024 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE