2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061068

Entity Name: A.C.E. TITLE INSURANCE SERVICES LLC

FILED Apr 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7891 W FLAGLER ST STE 172 6625 MIAMI LAKES DRIVE MIAMI, FL 33144

376

MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

7891 W FLAGLER ST STE 172 6625 MIAMI LAKES DRIVE MIAMI, FL 33144

MIAMI LAKES, FL 33014

FEI Number: 14-1914094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRT () Delete Title: (X) Change () Addition ESTRADA, CATHY FUENTES, CATHY Name: Name:

Address: 7891 W FLAGLER ST STE 172 Address: 7891 W FLAGLER ST STE 181

City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33144

Title: MGRS () Delete Title: MGR (X) Change () Addition

Name: PEREZ, ALFONSO Name: ALONSO, MARIO J Address: 7891 W FLAGLER ST STE 172 Address: 511 NW 82 AVE #416 City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33126

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: CATHY FUENTES **MGRM** 04/01/2005