

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061068

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

FILED
Feb 24, 2006
Secretary of State

Current Principal Place of Business:

6625 MIAMI LAKES DRIVE
376
MIAMI LAKES, FL 33014

Current Mailing Address:

6625 MIAMI LAKES DRIVE
376
MIAMI LAKES, FL 33014

New Principal Place of Business:

16969 N.W. 67TH AVE.
205
MIAMI, FL 33015

New Mailing Address:

16969 N.W. 67TH AVE.
205
MIAMI, FL 33015

FEI Number: 14-1914094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGRM () Delete
Name: FUENTES, CATHY
Address: 7891 W FLAGLER ST STE 181
City-St-Zip: MIAMI, FL 33144

Title: MGR () Delete
Name: ALONSO, MARIO J
Address: 511 NW 82 AVE #416
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FUENTES, CATHY
Address: 16969 N.W. 67TH AVE, #205
City-St-Zip: MIAMI, FL 33015

Title: MGR (X) Change () Addition
Name: FUENTES, DELILAH
Address: 16969 N.W. 67TH AVE. #205
City-St-Zip: MIAMI, FL 33015

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: CATHY FUENTES

MGRM

02/24/2006

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