2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061068

Address:

City-St-Zip:

16969 N.W. 67TH AVE. #205

MIAMI, FL 33015

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

FILED May 22, 2007 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 16969 N.W. 67TH AVE. 205 MIAMI, FL 33015 **Current Mailing Address: 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 () 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: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. FUENTES, CATHY 1840 SW 22ND ST. 16969 N.W. 67TH AVE 4TH FLOOR 205 MIAMI, FL 33145 US MIAMI, FL 33015 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: CATHY FUENTES 05/22/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition FUENTES, CATHY Name: Name: Address: 16969 N.W. 67TH AVE, #205 Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FUENTES, DELILAH Name: 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: CATHY FUENTES MGRM 05/22/2007