2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L04000061068

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

Current Principal Place of Business:

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

New Principal Place of Business:

16969 N.W. 67TH AVE.
204
MIAMI, FL 33015

Current Mailing Address:

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

New Mailing Address:

16969 N.W. 67TH AVE.
204
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:

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

Name and Address of New Registered Agent:

FUENTES, CATHY
16969 N.W. 67TH AVE.
204
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: 04/30/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FUENTES, CATHY
Address: 16969 N.W. 67TH AVE, #204
City-St-Zip: MIAMI, FL 33015

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: CATHY FUENTES MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date