2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# L05000051580

Entity Name: NACA TITLE INSURANCE SERVICES LLC

Current Principal Place of Business:

201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134

New Principal Place of Business:

18851 NE 29TH AVENUE
7TH FLOOR
AVENTURA, FL 33180

Current Mailing Address:

201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134

New Mailing Address:

18851 NE 29TH AVENUE
7TH FLOOR
AVENTURA, FL 33180

FEI Number: 20-4276379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: NORTH AMERICAN CAPIT, AL ADVISORS, L L C.
Address: 18851 NE 29TH AVENUE, 7TH FLOOR
City-St-Zip: AVENTURA, FL 33180

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: MICHAEL BROWARNIK MGR 02/09/2006

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