

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051580

FILED
Apr 27, 2007
Secretary of State

Entity Name: NACA TITLE INSURANCE SERVICES LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

1800 SUNSET HARBOUR DRIVE
MARINA SUITE 3
MIAMI BEACH, FL 33139

New Mailing Address:

417 EAST SHERIDAN STREET
SUITE 303
DANIA BEACH, FL 33004

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:

BROWARNIK, MICHAEL W
417 EAST SHERIDAN STREET
SUITE 303
DANIA BEACH, FL 33004 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: MICHAEL BROWARNIK

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NORTH AMERICAN CAPIT, AL ADVISORS, L L C.
Address: 1800 SUNSET HARBOUR DRIVE, MARINA SUITE 3
City-St-Zip: MIAMI BEACH, FL 33139

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: NORTH AMERICAN CAPITAL ADVISORS, LLC.

MGRM

04/27/2007

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