

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000086492

FILED
Oct 24, 2006
Secretary of State

Entity Name: GOTHAM REGIONAL ABSTRACT LLC

Current Principal Place of Business:

2350 CORAL WAY
SUITE 201
MIAMI, FL 33145

New Principal Place of Business:

555 WINDERLEY PLACE
SUITE 324/325
MAITLAND, FL 32751 US

Current Mailing Address:

89 FIFTH AVENUE
SUITE 802
NEW YORK, NY 10003

New Mailing Address:

477 MADISON AVENUE
SUITE 900
NEW YORK, NY 10022 US

FEI Number: 13-4177176 **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:

LANE, CRAIG
2350 CORAL WAY
SUITE 201
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MATERO, MIKE
555 WINDERLEY PLACE
SUITE 324/325
MAITLAND, FL 32751 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: MIKE MATERO

10/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEWITAS, LAURENCE T
Address: 89 FIFTH AVENUE, SUITE 802
City-St-Zip: NEW YORK, NY 10003 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEWITAS, LAURENCE T
Address: 477 MADISON AVENUE, SUITE 900
City-St-Zip: NEW YORK, NY 10022 US

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: LAURENCE T. LEWITAS

MGRM

10/24/2006

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