2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 23, 2007 8:00 am Secretary of State DOCUMENT #L05000096659 04-23-2007 90358 023 ****50.00 PADC TITLE HOLDINGS, LLC Principal Place of Business Mailing Address 550 BILTMORE WAY, SUITE 970 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 41-2185190 Not Applicable Zip Country S. P. . Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M9 W AGELIS WATTS-FITZGERALD, ABIGAIL C Street Address (P.O. Box Number is Not Acceptable) C/O HUNTON & WILLIAMS, LLP 1111 BRICKELL AVE., SUITE 2500 MIAMI, FL 33131 Zip Code 3343 BOCH RATOH 8. The above named entity submits this salement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register DOWALD A. TESCHER, PRESIDENT Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition DONAHUE, PEEBLES R NAME NAME STREET ADDRESS 550 BILTMORE WAY, STE 970 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ☐ Delete PRESIDENT TITLE ☐ Change **X** Addition HOFFMAN, STUART K 550 BILTMORE WAY, STE 970 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL GABLES, FL 33134 TITLE ☐ Delete TITLE ☐ Change シス リア **Addition** NAME NAME GRIMM, DALLEL H. STREET ADORESS STREET ADDRESS 550 BILLMORE WAY, STE 970 CITY-ST-ZIP CITY-ST-7IP CORAL GABUS FL 33134 ☐ Delete VP, SECY TITLE ☐ Change ✓ Addition NAME NAME GASKELL, JUDITH STREET ADDRESS STREET ADDRESS 550 BILLIMORE WAY STE 970 CORAL GABLES FL '33157 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

UDIKH GASKELL

.CFO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED