


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000001738**

1. Entity Name  
**FIRST AMERICAN EXCHANGE COMPANY, LLC**



Principal Place of Business <b>1 FIRST AMERICAN WAY          SANTA ANA, CA 92707</b>	Mailing Address <b>1 FIRST AMERICAN WAY          SANTA ANA, CA 92707</b>
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02142006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>45-0508466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00  
 Due by May 1, 2006**

U00000451264  
 03/10/06-80062-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, CURT 1 FIRST AMERICAN WAY SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERGAS, WILLIAM G 1 FIRST AMERICAN WAY SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FABER, BRENDEN C 560 SOUTH 300 EAST SALT LAKE CITY, UT 84111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: W. Johnson 2/14/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #