

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004527

FILED
Apr 24, 2006
Secretary of State

Entity Name: FIRST ADVANTAGE PUBLIC RECORDS, LLC

Current Principal Place of Business:

1 PROGRESS PLAZA, SUITE 2400
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

1 PROGRESS PLAZA, SUITE 2400
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 56-2480977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: LONG, JOHN W
Address: 1 PROGRESS PLAZA, SUITE 2400
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR () Delete
Name: LAMSON, JOHN C
Address: 1 PROGRESS PLAZA, SUITE 2400
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR () Delete
Name: WATERS, JULIE A
Address: 1 PROGRESS PLAZA, SUITE 2400
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN W. LONG

MGRM

04/24/2006

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