

2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM

DOCUMENT # M99000000283

1. Entity Name
FIRST AMERICAN REAL ESTATE FLOOD & TAX SOLUTIONS

FILED
01 APR -9 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 150 2ND AVENUE NORTH, SUITE 1600 ST. PETERSBURG FL 33701	Mailing Address 150 2ND AVENUE NORTH, SUITE 1600 ST. PETERSBURG FL 33701
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2. Principal Place of Business 8435 Stemmons Freeway Suite, Apt. #, etc.	3. Mailing Address 1 First American Way Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Dallas, TX	City & State Santa Ana, CA	4. FEI Number 52-2135259	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 75247	Country USA	Zip 92707	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIRST AMERICAN REAL ESTATE SOLUTIONS 150 2ND AVENUE NORTH, SUITE 1600 ST. PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER, PRESIDENT John W. Long 805 Executive Center Dr: West, #300 St. Petersburg, FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John W. Long **SIGNATURE REQUIRED** April 6, 2001 (727) 290-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #