


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

02-27-2006 90419 043 ****50.00

| | | | | |
|--|-----------------------|--|--|--|
| DOCUMENT # M99000000283 | | | |  |
| 1. Entity Name FIRST AMERICAN REAL ESTATE FLOOD & TAX SOLUTIONS LLC | | | | |
| Principal Place of Business 8435 STEMMONS FREEWAY DALLAS, TX 75247 | | Mailing Address 1 FIRST AMERICAN WAY SANTA ANA, CA 92707 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 02142006 Chg-LLC CR2E083 (11/05) 4. FEI Number 52-2135259 |
| | | | | Applied For <input type="checkbox"/> Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | |
| SIGNATURE _____ DATE _____ | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | TITLE | MEMBER-MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANDO, BARRY M | | NAME | First American Real Estate |
| STREET ADDRESS | 8435 STEMMONS FREEWAY | | STREET ADDRESS | Solutions LLC |
| CITY-ST-ZIP | DALLAS, TX 75247 | | CITY-ST-ZIP | 8435 North Stemmons Frwy. Dallas, TX 75247 |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REPERT, JOSEPH R | | NAME | |
| STREET ADDRESS | 8435 STEMMONS FREEWAY | | STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS, TX 75247 | | CITY-ST-ZIP | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZINDA, CRAIG J | | NAME | |
| STREET ADDRESS | 8435 STEMMONS FREEWAY | | STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS, TX 75247 | | CITY-ST-ZIP | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOUGLASS, ROBERT C | | NAME | |
| STREET ADDRESS | 8435 STEMMONS FREEWAY | | STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS, TX 75247 | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | 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. | | | | |
| SIGNATURE: <u>Jeff Rol</u> | | Jeffrey S. Robinson | | 2/22/06 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # |



ATTACHMENT

30002738

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

FIRST AMERICAN REAL ESTATE FLOOD & TAX SOLUTIONS LLC
1 FIRST AMERICAN WAY
SANTA ANA, CA 92707

Subject: **FIRST AMERICAN REAL ESTATE FLOOD & TAX SOLUTIONS LLC**

Reference Number:

M99000000283

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION



The First American Corporation

ATTACHMENT

30002738

#M99000000283

March 14, 2006

Florida Secretary of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: First American Real Estate Flood & Tax Solutions, LLC
Document Number: M99000000283

Dear Sir/Madam:

I am responding to the letter dated March 2, 2006 from the Florida Department of State, Division of Corporations (copy attached). Enclosed is the corrected 2006 Limited Liability Company Annual Report for First American Real Estate Flood & Tax Solutions, LLC.

If you should have any questions or need anything further please contact me at (800) 84-3643 extension 3323. Thank you for your assistance in processing this information.

Sincerely,

Melissa Stanisai

Melissa Stanisai
Paralegal

Enclosures