2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F04000004890

1. Entity Name

FIRST AMERICAN REALTY CAPITAL CORP.



FILED Jul 25, 2008 08:00 AM Secretary of State

Principal Place of Business

3660 WILSHIRE BLVD., SUITE 200 LOS ANGELES, CA 90010

Mailing Address

3660 WILSHIRE BLVD., SUITE 200 LOS ANGELES, CA 90010



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 01-0656422 Not Applicable

5. Certificate of Status Desired

07152008

\$8.75 Additional Fee Required

CR2E034 (11/05)

KOH, YOUNG 851 SAN REMO DR

DO NOT WRITE

No Chg-P

WESTON, FL 33326			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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	PRES KOO, NICHOLAS 3660 WILSHIRE BLVD., SUITE 200 LOS ANGELES, CA 90010 VP LIM ŁIM, CHARLES				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	3660 WILSHIRE BLVD., SUITE 200 LOS ANGELES, CA 90010				01/25/08-89091-017 550.00
STREET ADDRESS CHTY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
NAME SIREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR