

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90198 010 ****50.00

DOCUMENT # L00000015940

1. Entity Name
**FIRST AMERICAN DEFAULT MANAGEMENT SOLUTIONS
LLC**



Principal Place of Business
**4 HARVARD CIRCLE, STE. 700
WEST PALM BEACH, FL 33409**

Mailing Address
**1 FIRST AMERICAN WAY
SANTA ANA, CA 92707**

24077069



05032004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
58-2595921

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME SANDO, BARRY
STREET ADDRESS 8435 STEMMONS FREEWAY
CITY-ST-ZIP DALLAS, TX 75247

TITLE MGR ☐ Change ☒ Addition
NAME Jill A. Helmers
STREET ADDRESS 8435 N. Stemmons Freeway
CITY-ST-ZIP Dallas, TX 75247

TITLE MGR ☐ Delete
NAME FRAPPIER, JAY
STREET ADDRESS 15000 SURVEYOR BLVD
CITY-ST-ZIP ADDISON, TX 75001

TITLE MGR ☒ Change ☐ Addition
NAME James C. Frappier
STREET ADDRESS 8435 N. Stemmons Freeway
CITY-ST-ZIP Dallas, TX 75247

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/19/04