2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L00000015940 1. Entity Name FIRST AMERICAN DEFAULT MANAGEMENT SOLUTIONS LLC					05-26-2004 90198 010 ****50.00					
Principal Plac	e of Business	Mailing Address	<u> </u>							
4 HARVARD CIRCLE, STE. 700 WEST PALM BEACH, FL 33409		1 FIRST AMERICAN WAY SANTA ANA, CA 92707			24077069					
2. Principal Place of Business		3. Mailing Address				<u> </u>		1)) <u>1 1 </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0503200	9	CR2E	083 (10/03)		
City & State		City & State			4. FEI Nur 58-2	nber 595921		<u> </u>	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certifica	ate of Status Desire	d 🗆	\$5.00 Add		
	6. Name and Address of Current I	Registered Agent	Name		7. Name a	and Address of Ne	w Registered	l Agent	 	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Address (F	ddress (P.O. Box Number is Not Acceptable)					
TALLAHAS	SSEE, FL 32301-2525									
			City				F	Zip Cod	le	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office o	or register	ed agent, or	both, in the State o			and accept	
SIGNATURE .	1									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signa	ature required	when reinstating)		DATE			
Fil Due t	Signature, typed or printed name of registered agent a ling Fee is \$50.00 by September 8, 2004	nd title if applicable. (NOTE: Ri	tegistered Agent signa	ature required	when reinstating)	·	lake check	payable to nent of Stat	e	
Fil Due t	1		egistered Agent signa	ature required	when reinstating)	Flo	lake check	ment of Stat	: e	
 	ling Fee is \$50.00 by September 8, 2004			MGR		Flo	lake check rida Departi	ment of Stat	e Addition	
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I nereby certify that the information supplied with this fling 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 of trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/19/04

Daytime Phone #