FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90419 041 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	MENT # L000000 MERICAN DEFAULT MA									
Principal Place of Business 2000 PALM BEACH LAKES BOULEVARD SUITE 400 WEST PALM BEACH, FL 33409			Mailing Address 1 FIRST AMERICAN WAY SANTA ANA, CA 92707			20010603				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1			02142006 Chg-LLC CR2E083 (11/05)				
City & State		City & State				4. FEI Number Applied For 58-2595921 Not Applicable				
Zip	Country	Zip	Countr			5. Certificate of Status Desired S5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent Inne					
1201 HAY	ATION SERVICE COMPAN' S STREET SSEE, FL 32301-2525	Y	Street A		iss (P.O. Box Number is Not Acceptable)					
176671 b s	30LL, 1 L 32001-2020		City				FL	Zip Code	9	
8. The above	named entity submits this statemen	nt for the purpose of changing its	registere		tered agent, or b	oth, in the State of Fi				
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										
Signeture, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent agnature required when reinstating) DATE Filling Fee is \$50.00 Make check payable										
D:	iling Fee is \$50.00 ue by May 1, 2006					Florid	a Departme		•	
9.	MANAGING ME	MBERS/MANAGERS X Delete	10.	M	<u></u>	ADDITIONS	/CHANGES	Change	X Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HELMERS, JILL A 8435 STEMMONS FREEWAY DALLAS, TX 75247	—	NAME STREE	ET ADDRESS 8		avell Stemmons TX 75247	· ·		Aboution	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANKOWSKI, DENNIS A 8435 N. STEMMONS FREEW DALLAS, TX 75247	XI Delete		ET ADDRESS 8	GR ichael 435 N. allas,	Barron Stemmons TX 75247	· ·	☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TADDRESS 3	First	McLaughli American a, CA 92	in Way	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		4	,			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		į.				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete	CITY-	ET ADDRESS ST-ZIP	,			Change	Addillon	
11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 path; 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: Patrick McLaughlin, Manager 2/20/06										
SIGNATURE AND TYPED OR PRINTED NAME OF EIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Proce I										



February 24, 2006

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

Re:

First American Default Management Solutions, LLC

Document Number 100000015940

Dear Sir/Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for First American Default Management Solutions, LLC and a check in the amount of \$50.00, payable to Florida Department of State, for the filing fee.

Thank you for your assistance in processing this information.

Sincerely,

Welissa Stanisai

Paralegal

Enclosures