

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015940

FILED
Mar 31, 2008
Secretary of State

Entity Name: FIRST AMERICAN DEFAULT INFORMATION SERVICES LLC

Current Principal Place of Business:

1 FIRST AMERICAN WAY
WESTLAKE, TX 76262

New Principal Place of Business:

Current Mailing Address:

1 FIRST AMERICAN WAY
SANTA ANA, CA 92707

New Mailing Address:

FEI Number: 58-2595921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEAVELL, CHRIS
Address: 1 FIRST AMERICAN WAY
City-St-Zip: WESTLAKE, TX 76262

Title: MGR (X) Delete
Name: BARRON, MICHAEL
Address: 1 FIRST AMERICAN WAY
City-St-Zip: WESTLAKE, TX 76262

Title: MGR (X) Delete
Name: MCLAUGHLIN, PATRICK
Address: 3 FIRST AMERICAN WAY
City-St-Zip: SANTA ANA, CA 92707

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JANKOWSKI, DENNIS A
Address: 1 FIRST AMERICAN WAY
City-St-Zip: WESTLAKE, TX 76262

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENNIS A. JANKOWSKI

MGR

03/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date