2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# M03000002687

Entity Name: FIRST AMERICAN TRUST, LLC

Current Principal Place of Business:

2599 W. VERNAL PIKE
BLOOMINGTON, IN 47404

New Principal Place of Business:

Current Mailing Address:

2599 W. VERNAL PIKE
BLOOMINGTON, IN 47404

New Mailing Address:

FEI Number: 35-2128075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIVILLE, CHRISTY
2850 WHITE MAGNOLIA LOOP
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

SIVILLE, CHRISTY
3433 GLOSSY LEAF LANE
CLERMONT, FL 34711 US

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: 04/25/2006

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FISH, CLINT
Address: 2599 W. VERNAL PIKE
City-St-Zip: BLOOMINGTON, IN 47404

Title: MGRM ( ) Delete
Name: WIER, SUSAN
Address: 2599 W. VERNAL PIKE
City-St-Zip: BLOOMINGTON, IN 47404

Title: MGRM ( ) Delete
Name: ENNIS, DAVID J
Address: 2599 W. VERNAL PIKE
City-St-Zip: BLOOMINGTON, IN 47404

ADDITIONS/CHANGES:

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

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 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: SUSAN D. WIER MGRM 04/25/2006

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