

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000416

Entity Name: LSI APPRAISAL, LLC

FILED  
Apr 14, 2005  
Secretary of State

**Current Principal Place of Business:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**New Mailing Address:**

17911 VON KARMAN AVE.  
SUITE 300  
IRVINE, CA 92614

FEI Number: 36-2468956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: CHICAGO TITLE INSURA, NCE COMPANY  
Address: 171 N. CLARK STREET, 8TH FLOOR  
City-St-Zip: CHICAGO, IL 606013294

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LSI TITLE COMPANY,  
Address: 171 N. CLARK STREET, 8TH FLOOR  
City-St-Zip: CHICAGO, IL 606013294

Title: MGR ( ) Change (X) Addition  
Name: JOHNSON, TODD C  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD C JOHNSON

MGR

04/14/2005

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