

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000000416

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** LSI APPRAISAL, LLC

**Current Principal Place of Business:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LEGAL DEPT.  
601 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

**New Mailing Address:**

C/O LEGAL DEPT./ APRIL JOHNSON  
601 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

**FEI Number:** 90-0172717

**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/MANAGERS:**

Title: MGR  
Name: LSI TITLE COMPANY  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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: COLLEEN E. HALEY

VPAS

01/05/2010

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