

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M04000000416

FILED
Jul 28, 2011
Secretary of State

Entity Name: LSI APPRAISAL, LLC

Current Principal Place of Business:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Principal Place of Business:

5 PETERS CANYON ROAD
IRVINE, CA 92606

Current Mailing Address:

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

New Mailing Address:

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: MGRM
Name: LPS PROPERTY TAX SOLUTIONS, INC.
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: PRES
Name: FRAZIER, RONALD L
Address: 5 PETERS CANYON ROAD
City-St-Zip: IRVINE, CA 92606

Title: SVP
Name: JOHNSON, MARK R
Address: 5 PETERS CANYON ROAD
City-St-Zip: IRVINE, CA 92606

Title: SVPT
Name: ALVARADO, JENNIFER F
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: SVP
Name: RICE, KATHLEEN
Address: 700 CHERRINGTON PARKWAY
City-St-Zip: CORAOPOLIS, PA 15108

Title: EVPG
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVENUE
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: LPS PROPERTY TAX SOLUTIONS, INC.

MGRM

07/28/2011

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