

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002685

Entity Name: PROPERTY INSIGHT, LLC

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2510 N REDHILL AVE  
SANTA ANA, CA 92705

## **New Principal Place of Business:**

2510 N REDHILL AVE  
ATTN: MADELINE G. M. LOVEJOY  
SANTA ANA, CA 92705

## **Current Mailing Address:**

2510 N. REDHILL AVE.  
C/O MADELINE G. M. LOVEJOY  
SANTA ANA, CA 92705

## **New Mailing Address:**

FEI Number: 80-0019661      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: CHICAGO TITLE INSURANCE COMPANY  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: P  
Name: WALSH, JOHN  
Address: 2510 N REDHILL AVE  
City-St-Zip: SANTA ANA, CA 92705

Title: EVPS  
Name: GRAVELLE, MICHAEL L  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: EVP  
Name: LIVEZEY, DON  
Address: 2510 N REDHILL AVE  
City-St-Zip: SANTA ANA, CA 92705

Title: SVPT  
Name: MURPHY, DANIEL K  
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: MICHAEL L GRAVELLE      EVPS      03/15/2012

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