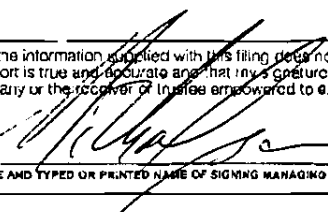


FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90130 014 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000001344			
1. Entity Name FIRST AMERICAN NATIONAL DEFAULT OUTSOURCING, LLC			
Principal Place of Business 8435 NORTH STEMMONS FREEWAY DALLAS, TX 75247		Mailing Address 8435 NORTH STEMMONS FREEWAY DALLAS, TX 75247	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1 First American Way Suite, Apt. #, etc.	
City & State		City & State Santa Ana, CA	
Zip	Country	Zip 92707 Country	
4. FEI Number 20-2470613		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRAPPIER, JAMES C 8435 NORTH STEMMONS FREEWAY DALLAS, TX 75247 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chris Leavell 8435 North Stemmons Freeway Dallas, TX 75247 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLASS, ROBERT 11902 BURNET ROAD AUSTIN, TX 78758 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRON, MICHAEL 8435 NORTH STEMMONS FREEWAY DALLAS, TX 75247 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		2/10/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	