

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M11000006248

**FILED**  
**Jun 22, 2012**  
**Secretary of State**

**Entity Name:** LPS VALUATION SOLUTIONS, LLC

**Current Principal Place of Business:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: APRIL JOHNSON  
601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 68-0505888      **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:** FRAZIER, RONALD L  
**Address:** 5 PETERS CANYON ROAD, SUITE 200  
**City-St-Zip:** IRVINE, CA 92606

**Title:** MGR  
**Name:** JOHNSON, MARK R  
**Address:** 5 PETERS CANYON ROAD, SUITE 200  
**City-St-Zip:** IRVINE, CA 92606

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:** RONALD L. FRAZIER

MGR

06/22/2012

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