

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002685

Entity Name: PROPERTY INSIGHT, LLC**Current 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**FEI Number:** 80-0019661**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**Title MGR
Name CHICAGO TITLE INSURANCE
COMPANY
Address 601 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204Title EVPS
Name GRAVELLE, MICHAEL L
Address 601 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32204Title SVPT
Name MURPHY, DANIEL K
Address 601 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32204Title P
Name WALSH, JOHN
Address 2510 N REDHILL AVE
City-State-Zip: SANTA ANA CA 92705Title SVP
Name LIVEZEY, DON
Address 2510 N REDHILL AVE
City-State-Zip: SANTA ANA CA 92705Title AVP/AS
Name LOVEJOY, MADELINE GM
Address 2510 N REDHILL AVE
City-State-Zip: SANTA ANA CA 92705

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MADELINE G. M. LOVEJOY

AVP/AS

02/26/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date