

## State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

LLC-12 (REV 07/2006)

FILED

in the office of the Secretary of State of the State of California

DEC 1 3 2010

APPROVED BY SECRETARY OF STATE

FAEC HOLDINGS 407311, LLC This Space For Filing Use Only DUE DATE: SEP 2 5 2010 FILE NUMBER AND STATE OR PLACE OF ORGANIZATION 2. SECRETARY OF STATE FILE NUMBER 3. STATE OR PLACE OF ORGANIZATION 2010 1791028 COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city, Items 4 and 5 cannot be P.O. Boxes.) 4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 92707 5 FIRST AMERICAN WAY 5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) ZIP CODE STATE 5 First American Way 92707 NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY NAME ADDRESS CITY AND STATE ZIP CODE NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.) ZIP CODE 9. NAME ADDRESS CITY AND STATE ZIP CODE AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.) 10. NAME OF AGENT FOR SERVICE OF PROCESS 11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL ZIP CODE STATE CA TYPE OF BUSINESS 12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY HOLD ? DISPOSE OF REAL ESTATE 13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

SIGNATURE