

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000013451 1. Entity Name AMERICAN HOME APPRAISAL, LLC	
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Principal Place of Business 5172 HIGEL AVE. SARASOTA, FL 34242	Mailing Address 5172 HIGEL AVE. SARASOTA, FL 34242
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02222005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS C. TYLER, JR., P.A. 981 RIDGEWOOD AVE. 104 VENICE, FL 34292
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IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS THOMPSON, CLAYTON A 5172 HIGEL AVE SARASOTA, FL 34242
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02/25/05-80057-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE:  **CLAYTON A. THOMPSON** **PVS.** **2/22/05** **941 346-5199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #