


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90095 038 ***138.75

DOCUMENT # L05000017408

1. Entity Name
 FEHR APPRAISALS, LC



Principal Place of Business
 22206 VICK STREET
 PORT CHARLOTTE, FL 33980

Mailing Address
 1881 CITRON ST
 PORT CHARLOTTE, FL 33980

60004937



2. Principal Place of Business - No P.O. Box #
 1881 CITRON ST

3. Mailing Address

Suite, Apt. #, etc.
 1

Suite, Apt. #, etc.

01172008 Chg-LLC CR2E083 (12/06)

City & State
 PT CHARLOTTE FL

City & State

Zip
 33980

Country
 USA

Zip

Country

4. FEI Number
 20-2401247

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEHR, JEFFREY
 22206 VICK STREET
 PORT CHARLOTTE, FL 33980

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 1881 CITRON ST

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

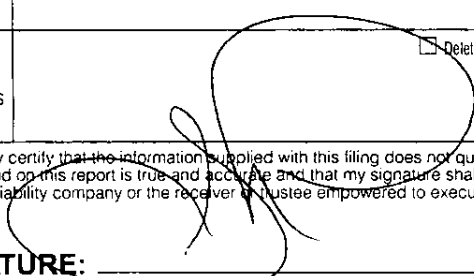
9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete
NAME	FEHR, JEFFREY
STREET ADDRESS	1881 CITRON ST
CITY - ST - ZIP	PORT CHARLOTTE, FL 33980
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  **JEFFREY FEHR** **1/17/08** **941-625-4746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #