2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006
Secretary of State

DOCUMENT# L05000083929

Entity Name: QUALITY APPRAISALS BY HARPER, LLC

Current Principal Place of Business:

P.O. BOX 56134
ST. AUGUSTINE, FL 33732

New Principal Place of Business:

P.O. BOX 56134
ST. PETERSBURG, FL 33732

Current Mailing Address:

P.O. BOX 56134
ST. AUGUSTINE, FL 33732

New Mailing Address:

P.O. BOX 56134
ST. PETERSBURG, FL 33732 US

FEI Number: 20-5272675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SAKOW, TODD
29399 US HWY 19 NORTH, SUITE 320
CLEARWATER, FL 33761 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: MGRM ( ) Delete
Name: HARPER, KRISTEN
Address: P.O. BOX 56134
City-St-Zip: ST. AUGUSTINE, FL 33732

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HARPER, KRISTEN
Address: P.O. BOX 56134
City-St-Zip: ST. PETERSBURG, FL 33732

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: KRISTEN P. HARPER MS. 08/15/2006

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