

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 20, 2007  
Secretary of State**

DOCUMENT# L05000108933

Entity Name: PUBLIC ADJUSTERS LLC

**Current Principal Place of Business:**

P.O. BOX 1401  
CLEBURNE, TX 76033 US

**New Principal Place of Business:**

627 WOODARD AVE  
CLEBURNE, TX 76033 US

**Current Mailing Address:**

P.O. BOX 1401  
CLEBURNE, TX 76033 US

**New Mailing Address:**

FEI Number: 20-3771138      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FORM-A-CORP, INC.  
100 VILLAGE SQUARE CROSSING  
SUITE 103  
PALM BEACH GARDENS, FL 33410 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: CONRADT, RICKEY  
Address: P.O. BOX 1401  
City-St-Zip: CLEBURNE, TX 76033 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICKEY CONRADT

MGMR

04/20/2007

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