



FILED  
Aug 01, 2003 8:00 am  
Secretary of State

07-03-2003 90001 003 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # L02000027315</b>			
1. Entity Name <b>ACCREDITED VALUATION SERVICES, LLC</b>			
Principal Place of Business <b>819 LAKE CHARM DRIVE OVIEDO FL 32765</b>		Mailing Address <b>819 LAKE CHARM DRIVE OVIEDO FL 32765</b>	
2. Principal Place of Business <b>1521 Acropolis Circle</b>		3. Mailing Address <b>1521 Acropolis Circle</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OCLOEE, FL</b>		City & State <b>OCLOEE, FL</b>	
Zip <b>34761</b>	Country	Zip <b>34761</b>	
4. FEI Number <b>11-3665619</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>ZANNI, KEVIN M. 819 LAKE CHARM DRIVE OVIEDO FL 32765</b>		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
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 _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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)(i), 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 		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>25 July 2003</b> 407-687-9395	

CR2E083 (10/02)