## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Feb 02, 2007 08:00 AM Secretary of State

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1. Entity Name

APPRAISAL NOW, L.L.C.



Principal Place of Business

2731 BRUCE TERRACE HOLLYWOOD, FL 33020 Mailing Address

2731 BRUCE TERRACE HOLLYWOOD, FL 33020



DO NOT WRITE IN THIS SPACE

01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1029864

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARNER, THOMAS

	CE TERRACE DOD, FL 33020	IN THIS SPACE
the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)  DATE  -1
Fi	iling Fee is \$50,00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARNER, THOMAS 2731 BRUCE TERRACE HOLLYWOOD, FL 33020	
NAME STREET ADDRESS CITY-ST-ZIP	1022111000,12 00020	U00000617664 02/07/07-80083-012 50.00
TITLE NAME STREET ADDRESS CITY-ST-7IP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		· · · · · · · · · · · · · · · · · · ·

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 immited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

954-241-7058

Date

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