

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000009120

FILED
Apr 29, 2003
Secretary of State

Entity Name: APPRAISAL NOW, L.L.C.

Current Principal Place of Business:

23123 STATE RD 7
STE 325
BOCA RATON, FL 33428

New Principal Place of Business:

PO BOX 670083
CORAL SPRINGS, FL 33067

Current Mailing Address:

23123 STATE RD 7
STE 325
BOCA RATON, FL 33428

New Mailing Address:

PO BOX 670083
CORAL SPRINGS, FL 33067

FEI Number: 65-1029864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUMMER, THOMAS
7130 NW 75TH ST.
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

KUMMER, THOMAS
6183 NW 56TH DRIVE
CORAL SPRINGS, FL 33067 US

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:

04/29/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KUMMER, THOMAS
Address: 23123 STATE RD 7 STE 325
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM () Delete
Name: KUMMER, TAMMY
Address: 23123 STATE RD 7 STE 325
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KUMMER, THOMAS
Address: PO BOX 670083
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM (X) Change () Addition
Name: KUMMER, TAMMY
Address: PO BOX 670083
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TAMMY KUMMER

MGRM

04/29/2003

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