


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010686 1. Entity Name INSURANCE APPRAISAL SERVICES, LLC	
---	---

Principal Place of Business 2350 CORAL WAY, STE. 403 MIAMI, FL 33145	Mailing Address 2350 CORAL WAY, STE. 403 MIAMI, FL 33145
---	---

DO NOT WRITE IN THIS SPACE



04222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1038320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ORLANDO JR.
2350 CORAL WAY, STE. 403
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR FERNANDEZ, ORLANDO 2350 CORAL WAY, STE 403 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR FERNANDEZ, LOURDES 2350 CORAL WAY, STE 403 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

U000000329428
04/25/05-80119-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  Member 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #