2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

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Entity Name: ASSURED APPRAISALS, LLC.

Current Principal Place of Business:

13850 ONEIDA DRIVE
C-2
DELRAY, FL 33446

New Principal Place of Business:

495 N.E. 4 STREET
2
DELRAY, FL 33483

Current Mailing Address:

13850 ONEIDA DRIVE
C-2
DELRAY, FL 33446

New Mailing Address:

495 N.E 4 STREET
2
DELRAY, FL 33445

FEI Number: 42-1613909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GONZALEZ, KRISTEN D
13850 ONEIDA DRIVE
C-2
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

GONZALEZ, KRISTEN D
4284 SOUTH MAGNOLIA CIRCLE
DELRAY BEACH, FL 33445 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: KRISTEN D GONZALEZ 07/01/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KRISTEN, GONZALEZ D
Address: 13850 ONEIDA DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR ( ) Delete
Name: GONZALEZ, VINCENT M
Address: 13850 ONEIDA DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KRISTEN, GONZALEZ D
Address: 4284 SOUTH MAGNOLIA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR (X) Change ( ) Addition
Name: GONZALEZ, VINCENT M
Address: 4284 SOUTH MAGNOLIA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

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: KRISTEN D GONZALEZ MGR 07/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date