2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# L03000054925

Entity Name: ASSURED APPRAISALS, LLC.

Current Principal Place of Business:

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

New Principal Place of Business:

4284 S MAGNOLIA CIRCLE
DELRAY, FL 33445

Current Mailing Address:

495 N.E 4 STREET
2
DELRAY, FL 33445

New Mailing Address:

4284 S MAGNOLIA CIRCLE
DELRAY, FL 33445

FEI Number: 42-1613909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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
4284 SOUTH MAGNOLIA CIRCLE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 GONZALEZ MGR 07/06/2007

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