



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90041 006 \*\*\*\*55.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| DOCUMENT # L04000015053  |   |   |   |                                  |  |
| <b>1. Entity Name</b><br>DIVISION ONE APPRAISAL SERVICES, LLC  |   |   |   |   |  |
| <b>Principal Place of Business</b><br>319 WISTERIA ROAD<br>DAYTONA BEACH, FL 32118   |   |   | <b>Mailing Address</b><br>319 WISTERIA ROAD<br>DAYTONA BEACH, FL 32118  |   |  |
| <b>2. Principal Place of Business</b><br>1355 Beville Road<br>Suite, Apt. #, etc.  |   | <b>3. Mailing Address</b><br>1355 Beville Road<br>Suite, Apt. #, etc. |   |   |  |
| <b>City &amp; State</b><br>Daytona Beach, FL   |   | <b>City &amp; State</b><br>Daytona Beach, FL                          |   | <b>4. FEI Number</b><br>20-1132160  |  |
| <b>Zip</b><br>32174  |   | <b>Country</b><br>USA   |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>WILSON, EDWARD G<br>319 WISTERIA ROAD<br>DAYTONA BEACH, FL 32118   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |  |
| <b>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.</b>   |   |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 7, 2005</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>    |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>WILSON, EDWARD G<br>319 WISTERIA ROAD<br>DAYTONA BEACH, FL 32118 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| <b>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.</b> |   |   |   |   |  |
| <b>SIGNATURE:</b>   |   |   | Edward G. Wilson  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |   | Date: 07-21-2005 Daytime Phone #: 386.235.9556  |   |  |