

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022064

FILED
Mar 06, 2006
Secretary of State

Entity Name: APPRAISAL ASSOCIATES OF SW FLORIDA, LLC

Current Principal Place of Business:

2150 HAWKSRIDGE DR. #1803
NAPLES, FL 34105

New Principal Place of Business:

1395 MARIPOSA CIR.
#103
NAPLES, FL 34105

Current Mailing Address:

2150 HAWKSRIDGE DR. #1803
NAPLES, FL 34105

New Mailing Address:

1395 MARIPOSA CIR.
#103
NAPLES, FL 34105

FEI Number: 20-0880556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROWBRIDGE, CINDY G
2150 HAWKSRIDGE DR. #1803
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

TROWBRIDGE, CINDY G
1395 MARIPOSA CIR.
#103
NAPLES, FL 34105 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: _____

03/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TROWBRIDGE, CINDY G
Address: 2150 HAWKSRIDGE DR. #1803
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TROWBRIDGE, CINDY G
Address: 1395 MARIPOSA CIR. #103
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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: CINDY G. TROWBRIDGE

MGRM

03/06/2006

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