## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 24, 2005 8:00 am Secretary of State

DOCUMENT # L04000037651  1. Entity Name PIPPIN-WILLIAMS APPRAISAL COMPANY, LLC					03-24-2005 90203 014 ****50.00			
Principal Place of Business 210 NW PARK STREET SUITE 202 OKEECHOBEE, FL 34972		Mailing Address P.O. BOX 462 OKEECHOBEE, FL 34973-0462		20024537				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Number	148465		oplied For ot Applicable	
Zip	Country	Zip			<u> </u>	f Status Desired	Specification \$5.00 Address Fee Require	
6. Nam	e and Address of Current F	Registered Agent			7. Name and A	ddress of New Re	gistered Agent	
PIPPIN, NATHAN 210 NW PARK STREET SUITE 202			:	Name – Street Address (	P.O. Box Number is Not Acceptable)			
OKEECHOBEE, FL 34972		•						
			City			FL Zip Cod	le	
The above named enti- the obligations of regis	ty submits this statement for stered agent.	the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE Signature Accounts	d or printed name of registered agent a	nd title if southeather the little	E: Danietera	d Agent signature required	Luchan rainatalinah		DATE	
Filing Fee Due by Ma	is \$50.00				E.	Make Florida	check payable to Department of Stat	ā
9.	MANAGING MEMBER	RS/MANAGERS	10.	_		ADDITIONS/	CHANGES	Marie Pare IX marehilan
TITLE MGRM		☐ Delete	TITU			<u>-</u>	☐ Change	☐ Addition
1	J NATHAN PIPPIN, PA		NAME					
	3396 NW 34TH AVE OKEECHOBEE, FL 34972			ET ADDRESS - ST-ZIP				
	MGRM Delete		TITLE		<del></del>		Channe	
	KATHARINE B WILLIAMS APPRAISING, INC			ε E			☐ Change	☐ Addition
				ET ADDRESS				
CITY-ST-ZIP OKEECH	IOBEE, FL 34974		CITY	-ST-ZIP				
TITLE NAME		☐ Delete	TITLE	- 1			Change	☐ Addition
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11. I hereby certify that the information supplied with this tilling does not quality 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/2/05

8637633566

Daytime Phone #