2008 LIMITED LIABILITY COMPANY
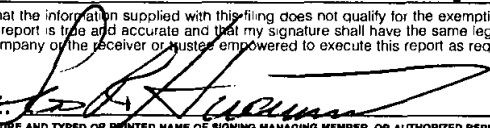## ANNUAL REPORT

DOCUMENT # L04000072373

1. Entity Name
HUTCHINSON APPRAISAL SERVICE LLC

Principal Place of Business	Mailing Address
280 S. RONALD REAGAN BLVD. SUITE 201 LONGWOOD, FL 32750	280 S. RONALD REAGAN BLVD. LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1758797	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

---

6. Name and Address of Current Registered Agent

HUTCHINSON, SCOTT R
1223 NORTHERN WAY
WINTER SPRINGS, FL 32708

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000775710
01/08/08-80040-011 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HUTCHINSON, SCOTT R
STREET ADDRESS	280 S. RONALD REAGAN BLVD.
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____ 1/4/08   (407) 265-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #