

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000087784	
1. Entity Name APPRAISAL ASSOCIATES OF NORTH FLORIDA, LLC	



Principal Place of Business 430 NW 9TH STREET HIGH SPRINGS, FL 32643 US	Mailing Address 430 NW 9TH STREET HIGH SPRINGS, FL 32643 US
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04062006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1994554	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PRESNELL, PATRICIA P 430 NW 9TH STREET HIGH SPRINGS, FL 32643
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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 _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESNELL, PATRICIA P 430 NW 9TH STREET HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOLKEN, BOCK V 430 NW 9TH STREET HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESNELL, ALEXANDER L 430 NW 9TH STREET HIGH SPRINGS, FL 32643
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04/26/06-80108-005 50.00

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: <i>Patricia P. Presnell</i>	Date: <i>4/10/06</i>	Daytime Phone #: <i>3523181249</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		