

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 430 NW 9TH STREET 430 NW 9TH STREET
 HIGH SPRINGS, FL 32643 US HIGH SPRINGS, FL 32643 US



01162007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1994554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESNELL, PATRICIA P
 430 NW 9TH STREET
 HIGH SPRINGS, FL 32643

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

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRESNELL, PATRICIA P
STREET ADDRESS	430 NW 9TH STREET
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	MGR
NAME	FOLKEN, BOCK V
STREET ADDRESS	430 NW 9TH STREET
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	MGR
NAME	PRESNELL, ALEXANDER L
STREET ADDRESS	430 NW 9TH STREET
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Alexander L. Presnell* **ALEXANDER L. PRESNELL** 1-31-2007 386-4548104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #