

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091393

FILED
May 07, 2007
Secretary of State

Entity Name: APPRAISAL GROUP ORLANDO LLC

Current Principal Place of Business:

71 E. ORANGE ST.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2614 SHEILA DR.
APOPKA, FL 32712

New Mailing Address:

7418 LAKE MARNI CT.
MT. DORA, FL 32757

FEI Number: 42-1657875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SINGH, CHANDRADAT K
2614 SHEILA DR.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SINGH, CHANDRADAT K
Address: 2614 SHEILA DR.
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: BACHOO-SINGH, MELANIE
Address: 2614 SHEILA DR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SINGH, CHANDRADAT K
Address: 7418 LAKE MARNI CT.
City-St-Zip: MT. DORA, FL 32767

Title: MGR (X) Change () Addition
Name: BACHOO-SINGH, MELANIE
Address: 7418 LAKE MARNI CT.
City-St-Zip: MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify 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: CHANDRADAT K. SINGH

MR.

05/07/2007

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