


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90052 017 \*\*\*\*50.00

**DOCUMENT # L04000093553**

1. Entity Name  
**LANDTRUST APPRAISALS, LLC**



Principal Place of Business 5842 HWY 77 CHIPLEY, FL 32428 US	Mailing Address 5842 HWY 77 CHIPLEY, FL 32428 US
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2. Principal Place of Business - No P.O. Box # <b>6098A Hwy 77</b> Suite, Apt. #, etc.	3. Mailing Address <b>6098A Hwy 77</b> Suite, Apt. #, etc.
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City & State <b>Chipley, FL</b>	City & State <b>Chipley, FL</b>
Zip <b>32428</b>	Zip <b>32428</b>
Country <b>USA</b>	Country <b>USA</b>



01042007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**MYERS, JENNIFER E**  
**5842 HWY 77**  
**CHIPLEY, FL 32428**

7. Name and Address of New Registered Agent

Name **Jennifer E. Carter**

Street Address (P.O. Box Number is Not Acceptable)  
**6098A Hwy 77**

City **Chipley** FL Zip Code **32428**

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 *Jennifer Myers Carter* DATE **1-26-07**

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

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MYERS, JENNIFER E</b> <b>5842 HWY 77</b> <b>CHIPLEY, FL 32428</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CARTER, JENNIFER E.</b> <b>6098A HWY 77</b> <b>Chipley, FL 32428</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jennifer Myers Carter* DATE: **1-26-07** (850) 773-0000

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