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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000000370

1. Entity Name
M & E APPRAISAL SERVICES L.L.C.

Principal Place of Business	Mailing Address
8280 134TH ST. SEBASTIAN, FL 32958	8280 134TH ST. SEBASTIAN, FL 32958

DO NOT WRITE IN THIS SPACE

01102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0891709
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISSIEY, BONNIE J
8280 134TH ST.
SEBASTIAN, FL 32958

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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: Bonnie J Morrissey 2-2-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MORRISSIEY, BONNIE J
STREET ADDRESS	8280 134TH ST.
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	MGRM
NAME	EDDINGER, WENDY J
STREET ADDRESS	5750 GARRETS RD.
CITY-ST-ZIP	SEBASTIAN, FL 32976
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	

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02/18/06-80012-017 50.00

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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: Wendy Eddinger Wendy Eddinger 2-2-06 772388.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #