
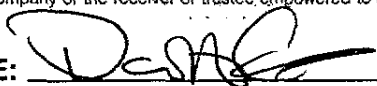


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # L15000000905 1. Entity Name CBC APPRAISAL SERVICES, L.L.C.		
Principal Place of Business 813 BELVILLE BLVD. NAPLES, FL 34104	Mailing Address 813 BELVILLE BLVD. NAPLES, FL 34104	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARR, DAVID 813 BELVILLE BLVD. NAPLES, FL 34104		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 _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, DAVID 813 BELVILLE BLVD. NAPLES, FL 34104	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, BARBARA 813 BELVILLE BLVD. NAPLES, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBER, KATHERINE 5466 CATTS STREET NAPLES, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  1-8-06 239-348-8995 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



01082006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2127821

Applied For
Not Applicable

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

U00000382771
01/12/06-80027-005 50.00