

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012643

FILED  
Jan 12, 2006  
Secretary of State

Entity Name: CROWNPOINTE APPRAISAL SERVICES, LLC

**Current Principal Place of Business:**

5225 RALSTON RD  
LAKELAND, FL 33811

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7221  
LAKELAND, FL 33807

**New Mailing Address:**

FEI Number: 30-0296214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIS, DELLA A  
5225 RALSTON RD  
LAKELAND, FL 33811      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: WILLIS, DELLA A  
Address: 5225 RALSTON RD  
City-St-Zip: LAKELAND, FL 33811

Title: MGR      ( ) Delete  
Name: ALLIGOOD, TERESA A  
Address: 5225 RALSTON RD  
City-St-Zip: LAKELAND, FL 33811

Title: MGR      ( ) Delete  
Name: WILLIS, MELISSA P  
Address: 5225 RALSTON RD  
City-St-Zip: LAKELAND, FL 33811

Title: MGR      ( ) Delete  
Name: ALLIGOOD, TIMOTHY J  
Address: 5225 RALSTON RD  
City-St-Zip: LAKELAND, FL 33811

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DELLA A WILLIS

MGR

01/12/2006

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