


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
7 Jul 31, 2006 8:00 am
Secretary of State

07-14-2006 90093 025 ****50.00

DOCUMENT # L05000015729

1. Entity Name
FRANK WOMACK APPRAISER LLC



Principal Place of Business
**6485 BAY OAKS DRIVE
 MILTON, FL 32583**

Mailing Address
**6485 BAY OAKS DRIVE
 MILTON, FL 32583**

30012322



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

07122006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2337566

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WOMACK, FRANK E
 6485 BAY OAKS DRIVE
 MILTON, FL 32583**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

**Filing Fee is \$50.00
 Due by September 6, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOMACK, FRANK 6485 BAY OAKS DRIVE MILTON, FL 32583 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **7/26/06 (850)981-2417**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #