

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117634

FILED  
Jan 12, 2007  
Secretary of State

**Entity Name:** ACCURACY ASSURED APPRAISALS, L.L.C.

**Current Principal Place of Business:**

12993 BRIANS CREEK DRIVE  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

2601 PECAN PLACE  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

12993 BRIANS CREEK DRIVE  
JACKSONVILLE, FL 32224

**New Mailing Address:**

2601 PECAN PLACE  
JACKSONVILLE, FL 32259

**FEI Number:** 20-3945850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HEEKIN, T. GEOFFREY ESQ.  
ONE INDEPENDENT DRIVE, SUITE 2200  
JACKSONVILLE, FL 32202 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: MCCOSKER, BRYAN  
Address: 12993 BRIANS CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCCOSKER, BRYAN  
Address: 2601 PECAN PLACE  
City-St-Zip: JACKSONVILLE, FL 32259

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: BRYAN MCCOSKER

MGR

01/12/2007

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