




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 06, 2007 8:00 am
Secretary of State

01-11-2007 90128 025 ****50.00

DOCUMENT # L06000030301 1. Entity Name C & H RESIDENTIAL APPRAISALS, LLC					
Principal Place of Business 641 NW 36TH ST. GAINESVILLE, FL 32607 US			Mailing Address P.O. BOX 90003 GAINESVILLE, FL 32607 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01082007 Chg-LLC CR2E083 (12/06)				4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">20-4702690</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 0.8em;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				5. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> CONING, ROBERT L 641 NW 36TH ST. GAINESVILLE, FL 32607 </div>	
6. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </div>				7. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONING, ROBERT L 641 NW 36TH ST. GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, LUIS C 321 SE 3RD ST., APT. G-13 GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, LUIS C 3319 NW 51ST TERRACE GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STREET ADDRESS CITY - ST - ZIP	<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	MGRM STREET ADDRESS CITY - ST - ZIP	<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	MGRM STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 1/8/07 Daytime Phone: _____		