


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90148 049 ****50.00

DOCUMENT # L06000030895	
1. Entity Name INSTANT BUSINESS APPRAISALS, LLC	

Principal Place of Business 537 SE CENTRAL PARKWAY STUART, FL 34994 US	Mailing Address 537 SE CENTRAL PARKWAY STUART, FL 34994 US
4449 SW Quiet Place PALM CITY FL 34990	

2. Principal Place of Business - No P.O. Box # 4449 SW Quiet Place	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm City	City & State Same
Zip 34990	Country USA
Zip	Country



01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4553792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOFFITT, JOHN W 537 SE CENTRAL PARKWAY STUART, FL 34994	
7. Name and Address of New Registered Agent Name John Moffitt Street Address (P.O. Box Number is Not Acceptable) 4449 SW Quiet Place Palm City City Palm City FL Zip Code 34990	

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 *John W Moffitt* (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOFFITT, JOHN W 537 SE CENTRAL PARKWAY STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4449 SW QUIET PLACE PALM CITY FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Sec. Elizabeth Lenz 571 Churchill St Southington, CT 06489 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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
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
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

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 *John W Moffitt*

Date *JAN 26, 2007*