


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L06000030895</b>					
<b>1. Entity Name</b> INSTANT BUSINESS APPRAISALS, LLC					
<b>Principal Place of Business</b> <del>537 SE CENTRAL PARKWAY</del> <del>STUART, FL 34994 US</del> 4449 SW Quiet Place PALM CITY FL 34990			<b>Mailing Address</b> 537 SE CENTRAL PARKWAY STUART, FL 34994 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 4449 SW Quiet Place		<b>3. Mailing Address</b> Suite, Apt. #, etc. <i>same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262007 Chg-LLC CR2E083 (12/06)	
<b>City &amp; State</b> Palm City		<b>City &amp; State</b> same		<b>4. FEI Number</b> 20-4553792	
Applied For <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
Zip 34990		Country USA		Zip Country	
<b>6. Name and Address of Current Registered Agent</b>  MOFFITT, JOHN W 537 SE CENTRAL PARKWAY STUART, FL 34994			<b>7. Name and Address of New Registered Agent</b> Name <i>John Moffitt</i> Street Address (P.O. Box Number is Not Acceptable) 4449 SW Quiet Place Palm City 34990 City <i>Palm City</i> <b>FL</b> Zip Code <i>34990</i>		
<b>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.</b>					
SIGNATURE <i>John W. Moffitt</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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/SECT. 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