

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080449

FILED  
May 01, 2007  
Secretary of State

Entity Name: MAINSAIL APPRAISALS, LLC

## Current Principal Place of Business:

13506 SUMMERPORT VILLAGE PARKWAY  
SUITE 252  
WINDERMERE, FL 34786

## New Principal Place of Business:

## Current Mailing Address:

13506 SUMMERPORT VILLAGE PARKWAY  
SUITE 252  
WINDERMERE, FL 34786

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811 US

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: MGRM ( ) Delete  
Name: LANOUE, JAMES F  
Address: 13506 SUMMERPORT VILLAGE PKWY, STE. 252  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: RIDER, LORALEE  
Address: 13506 SUMMERPORT VILLAGE PKWY, STE. 252  
City-St-Zip: WINDERMERE, FL 34786

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LORALEE RIDER

MGRM

05/01/2007

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