


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90016 026 ***538.75

DOCUMENT # L06000109668

1. Entity Name
VAN SLYKE & JESSOP AP PRAISERS, LLC




Principal Place of Business
27 CHERRY ST
BROOKSVILLE, FL 34601 US

Mailing Address
27 CHERRY ST
BROOKSVILLE, FL 34601 US

60047054

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



07242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5875359

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

THE HOGAN LAW FIRM
20 SOUTH BROAD ST
BROOKSVILLE, FL 34601

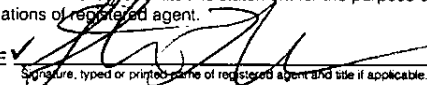
7. Name and Address of New Registered Agent

Name
STEVEN VAN SLYKE

Street Address (P.O. Box Number is Not Acceptable)
27 CHERRY STREET

City
BROOKSVILLE FL Zip Code
34601

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  (NOTE: Registered Agent signature required when reinstating) DATE **9-7-08**

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	VAN SLYKE, STEVEN	27 CHERRY ST	BROOKSVILLE, FL 34601	<input type="checkbox"/>
MGRM	JESSOP, ERIC	1403 E PARIS ST	TAMPA, FL 33604	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **9-7-08** Daytime Phone #