

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90040 002 \*\*\*\*50.00

**30008745**



1st MOORE CR2E083 (10/06)

<b>DOCUMENT # L06000115418</b> 1. Entity Name <b>STREAMLINE APPRAISAL SERVICES, LLC</b>					
Principal Place of Business <b>7040 PECAN COURT WINTER PARK FL 32792</b>			Mailing Address <b>7040 PECAN COURT WINTER PARK FL 32792</b>		
2. Principal Place of Business - No P.O. Box #  			3. Mailing Address  		
Suite, Apt. #, etc.  			Suite, Apt. #, etc.  		
City & State  			City & State  		
Zip  		Country  		4. FEI Number  	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AMPARO, ALBERTO 7040 PECAN COURT WINTER PARK FL 32792</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> Zip Code  	
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  MGR <span style="float: right;">4/18/07</span> <small>Signature, typed or printed name of registered agent and this is acceptable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>AMPARO, ALBERTO</b> STREET ADDRESS <b>7040 PECAN COURT</b> CITY- ST- ZIP <b>WINTER PARK FL 32792</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP				
TITLE <input checked="" type="checkbox"/> Delete NAME <del>XXXXXXXXXX</del> STREET ADDRESS <del>XXXXXXXXXX</del> CITY- ST- ZIP <del>XXXXXXXXXX</del>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 person or persons empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE  MGR				Date <span style="float: right;"><b>4/18/07</b></span> 321-277-2019 <small>Daytime Phone #</small>	