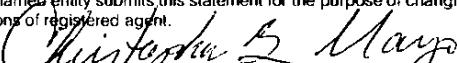
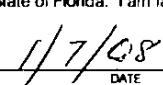
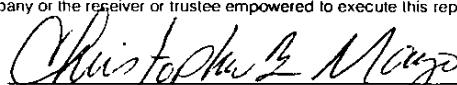


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 14, 2008 8:00 am
Secretary of State**

01-14-2008 90042 036 ***138.75

DOCUMENT # L07000014298																																													
<p>1. Entity Name ABC APPRAISAL COMPANY, LLC</p>																																													
<p>Principal Place of Business 12812 FARM RD SOUTHPORT, FL 32409</p>		<p>Mailing Address 12812 FARM RD SOUTHPORT, FL 32409</p>																																											
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																											
City & State		City & State																																											
Zip	Country	Zip	Country																																										
<p>6. Name and Address of Current Registered Agent</p> <p>MAYO, CHRISTOPHER B 12812 FARM RD SOUTHPORT, FL 32409</p>		<p>7. Name and Address of New Registered Agent</p> <p>Name Street Address (P.O. Box Number is Not Acceptable) City</p>																																											
<p>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.</p> <p>SIGNATURE </p> <p>Signature, typed or printed name of registered agent and title if applicable.</p> <p>(NOTE: Registered Agent signature required when restating)</p> <p>DATE </p>																																													
<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</p>		<p>Make check payable to Florida Department of State</p>																																											
<p>9. MANAGING MEMBERS/MANAGERS</p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PRES MAYO, CHRISTOPHER B 12812 FARM RD SOUTHPORT, FL 32409</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGR MAYO, SHANNON R 12812 FARM RD SOUTHPORT, FL 32409</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAYO, CHRISTOPHER B 12812 FARM RD SOUTHPORT, FL 32409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYO, SHANNON R 12812 FARM RD SOUTHPORT, FL 32409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<p>10. ADDITIONS/CHANGES</p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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<p>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.</p> <p>SIGNATURE: </p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/ MANAGER, OR AUTHORIZED REPRESENTATIVE</p>				1/17/08 850-819-4469																																									
				Daytime Phone #																																									