

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053887

**FILED**  
**Feb 15, 2008**  
**Secretary of State**

**Entity Name:** WWW.APPRAISERKING.COM LLC

**Current Principal Place of Business:**

445 DOUGLAS AVENUE SUITE 2105D  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

6530 MOONSHELL COURT  
ORLANDO, FL 32819 US

**Current Mailing Address:**

445 DOUGLAS AVENUE SUITE 2105D  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

6530 MOONSHELL COURT  
ORLANDO, FL 32819 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOBO, GARATH M  
445 DOUGLAS AVENUE, SUITE 2105D  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

LOBO, GARATH M  
6530 MOONSHELL COURT  
ORLANDO, FL 32819 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: GARATH M. LOBO 02/15/2008  

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Electronic Signature of Registered AgentDate

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOBO, GARATH M  
Address: 445 DOUGLAS AVENUE, SUITE 2105D  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LOBO, GARATH M  
Address: 6530 MOONSHELL COURT  
City-St-Zip: ORLANDO, FL 32819 US

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: GARATH M LOBO MGR 02/15/2008  

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