

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061777

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** CONDO ASSOCIATION APPRAISAL SERVICES, LLC

**Current Principal Place of Business:**

5179 MAGNOLIA BAY CIRCLE  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

**Current Mailing Address:**

5179 MAGNOLIA BAY CIRCLE  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

**FEI Number:** 26-2857183      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAPLAN, VICKI P  
5179 MAGNOLIA BAY CIRCLE  
PALM BEACH GARDENS, FL 33418 US

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

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:** MGR  
**Name:** CAPLAN, VICKI P  
**Address:** 5179 MAGNOLIA BAY CIRCLE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418 US

**Title:** MGR  
**Name:** GONSALVES, DOUGLAS V  
**Address:** 10930 SW 48 STREET  
**City-St-Zip:** MIAMI, FL 33165 US

I hereby 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: VICKI CAPLAN

MGR

03/19/2010

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