

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90439 016 \*\*\*\*50.00

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01162007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L96000000044</b>	
1. Entity Name ALL COUNTY APPRAISAL & CONSULTING, L.C.	

Principal Place of Business 22286 VICK STREET CHARLOTTE HARBOR, FL 33980	Mailing Address 22286 VICK STREET CHARLOTTE HARBOR, FL 33980
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2. Principal Place of Business - No P.O. Box # 22102 Kimble Ave Suite, Apt. #, etc.	3. Mailing Address 22102 Kimble Ave Suite, Apt. #, etc.
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City & State Port Charlotte, FL	City & State Port Charlotte, FL	4. FEI Number 59-2746377	Applied For <input type="checkbox"/> Not Applicable
Zip 33952	Country USA	Zip 33952	Country USA

6. Name and Address of Current Registered Agent KENNEDY, STEVEN T 22286 VICK STREET CHARLOTTE HARBOR, FL 33980	7. Name and Address of New Registered Agent Name Kennedy, Steven T Street Address (P.O. Box Number is Not Acceptable) 22102 Kimble Ave City Port Charlotte FL Zip Code 33952
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONES, TED E 22286 VICK ST PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KENNEDY, STEVEN T 22286 VICK STREET CHARLOTTE HARBOR, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MIZE, DANIEL 22286 VICK ST PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 1-16-07	Daytime Phone #
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