

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90006 011 *****50.00

DOCUMENT # L99000007233

1. Entity Name

REALVEST RESIDENTIAL APPRAISAL, LLC

Principal Place of Business

**2200 LUCIEN WAY, SUITE 350
 MAITLAND FL 32751**

Mailing Address

**2200 LUCIEN WAY, SUITE 350
 MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3580040

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, ANGELA L
 2200 LUCIEN WAY, SUITE 350
 MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **LIVINGSTON, GEORGE D**
 CITY-ST-ZIP **359 BELOIT AVE.
 WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **BROWN, ANGELA L**
 CITY-ST-ZIP **2050 KING ARTHUR CIRCLE
 MAITLAND FL 32751**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MGR**
 STREET ADDRESS **PUDWILL, ANTHONY RAY**
 CITY-ST-ZIP **203 HERMITS TRAIL
 ALTAMONTE SPRINGS FL 32701**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **PRESTON, JOHN H IV**
 CITY-ST-ZIP **445 MADISON LANE
 OVIEDO FL 32765**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **VON, ROBERT**
 CITY-ST-ZIP **303 HEATHERWOOD COURT
 WINTER SPRINGS FL 32708**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Anthony P. Pudwill* **SIGNATURE ANTHONY PUDWILL**

2/20/02 (407) 875-6933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)