


**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90052 031 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # M03000002637**  
 1. Entity Name  
**EAPPRAISEIT, LLC**



Principal Place of Business  
**12395 FIRST AMERICAN WAY  
 POWAY, CA 92064**

Mailing Address  
**1 FIRST AMERICAN WAY  
 SANTA ANA, CA 92707**

**60011044**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01192007 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

4. FEI Number  
**41-2044787**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when releasing) DATE \_\_\_\_\_

**Filing Fee is \$80.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, PARKER S 1 FIRST AMERICAN WAY SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Anthony Merlo 12395 First American Way Poway, CA 92064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILMORE, DENNIS 4 FIRST AMERICAN WAY SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jeff Vaughan 101 Gateway Centre Pkwy. Richmond, VA 23235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOERAUF, JERRY 4 FIRST AMERICAN WAY SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Melissa Hill 101 Gateway Centre Pkwy. Richmond, VA 23235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEAVELL, CHRIS 8435 N. STEMMONS FRWY. DALLAS, TX 75247 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chris Leavell 1 First American Way Westlake, TX 76262 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVERMORE, GEORGE 4 FIRST AMERICAN WAY SANTA ANA, CA 92707 <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 YONKOVICH, MARGARET 4 FIRST AMERICAN WAY SANTA ANA, CA 92707 <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.

**SIGNATURE:** \_\_\_\_\_ **1/29/07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #