


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000000216 1. Entity Name FORSYTHE APPRAISALS, LLC	
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Principal Place of Business 222 E. LITTLE CANADA RD. ST. PAULE, MN 55117	Mailing Address 222 E. LITTLE CANADA RD. ST. PAULE, MN 55117
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DO NOT WRITE IN THIS SPACE



04192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0514508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORSYTHE, TIMOTHY PO BOX 1254 DILLON, CO 80435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORSYTHE, MARY PO BOX 1254 DILLON, CO 80435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORSYTHE, JOHN 15 BLACK OAK RD NORTH OAKS, MN 55127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILLCREST CAPITAL 527 MARGOETTE AVE #2158 MPLS, MN 55401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/03/08-80059-015-143.75

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  4/21/08 651-486-9550

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