

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000216

FILED
Jul 02, 2009
Secretary of State

Entity Name: FORSYTHE APPRAISALS, LLC

Current Principal Place of Business:

222 E. LITTLE CANADA RD.
ST. PAULE, MN 55117

New Principal Place of Business:

Current Mailing Address:

222 E. LITTLE CANADA RD.
ST. PAULE, MN 55117

New Mailing Address:

FEI Number: 03-0514508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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 () Delete
Name: FORSYTHE, TIMOTHY
Address: PO BOX 1254
City-St-Zip: DILLON, CO 80435

Title: MGR () Delete
Name: FORSYTHE, MARY
Address: PO BOX 1254
City-St-Zip: DILLON, CO 80435

Title: MGR () Delete
Name: FORSYTHE, JOHN
Address: 15 BLACK OAK RD
City-St-Zip: NORTH OAKS, MN 55127

Title: MGR () Delete
Name: HILLCREST CAPITAL
Address: 527 MARGOETTE AVE #2158
City-St-Zip: MPLS, MN 55401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN C FORSYTHE

JCF

07/02/2009

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