2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# M06000002090

Entity Name: C & S APPRASIAL SERVICES, LLC

Current Principal Place of Business:

7777 WASHINGTON AVENUE S., SUITE 1000
EDINA, MN 55439

New Principal Place of Business:

7777 WASHINGTON AVENUE S.
EDINA, MN 55439

Current Mailing Address:

7777 WASHINGTON AVENUE S., SUITE 1000
EDINA, MN 55439

New Mailing Address:

7777 WASHINGTON AVENUE S.
EDINA, MN 55439

FEI Number: 06-1705725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:	SCHROEDER, STEVE	
Address:	10360 OLD PLACERVILLE ROAD	
City-St-Zip:	SACRAMENTO, CA 95827	
Title:	MGR	( ) Delete
Name:	CLARK, KRAIG	
Address:	10360 OLD PLACERVILLE ROAD	
City-St-Zip:	SACRAMENTO, CA 95827	
Title:	MGR	( ) Delete
Name:	BATTESTISSA, ANDREW	
Address:	10360 OLD PLACERVILLE ROAD	
City-St-Zip:	SACRAMENTO, CA 95827	
Title:	MGR	( ) Delete
Name:	PHILIPSEK, CHARLES W	
Address:	7777 WASHINGTON AVENUE SOUTH, SUITE 1000	
City-St-Zip:	EDINA, MN 55439	
Title:	MGR	( ) Delete
Name:	HACKMAN, DAN	
Address:	7777 WASHINGTON AVENUE SOUTH, SUITE 1000	
City-St-Zip:	EDINA, MN 55439	
Title:	MGR	( ) Delete
Name:	SEIBERT, WAYNE	
Address:	7777 WASHINGTON AVENUE SOUTH, SUITE 1000	
City-St-Zip:	EDINA, MN 55439	

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:	
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: CHARLES W. PHILIPSEK MGR 01/14/2008

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