

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036828

FILED
Jul 26, 2005
Secretary of State

Entity Name: ADVISORY APPRAISALS PARTNERSHIP LLC

Current Principal Place of Business:

251 WEST CENTRAL ST.
SUITE 35
NATICK, MA 01760 US

New Principal Place of Business:

Current Mailing Address:

251 WEST CENTRAL ST.
SUITE 35
NATICK, MA 01760 US

New Mailing Address:

FEI Number: 84-1646679 **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:

PAPULIS, GEORGE P
1701 BEACH RD.
SUITE 408
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

BAYNE, IAN L
3660 NE 166TH STREET
SUITE 302
NORTH MIAMI BEACH, FL 33160 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: IAN BAYNE

07/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAYNE, IAN L
Address: 841 WORCESTER RD. SUITE 311
City-St-Zip: NATICK, MA 01760 US

Title: MGRM () Delete
Name: HARRIGAN, MICHAEL J
Address: 36 WOOD AVE.
City-St-Zip: FRAMINGHAM, MA 01702 US

ADDITIONS/CHANGES:

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 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 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: IAN BAYNE

MGRM

07/26/2005

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