

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90155 003 ***138.75



DOCUMENT # L07000123713
 1. Entity Name
 83 CLARK STREET, LLC

Principal Place of Business
 110 EAST BROADWAY AVE.
 SUITE A
 OVIEDO, FL 32765

Mailing Address
 110 EAST BROADWAY AVE.
 SUITE A
 OVIEDO, FL 32765

30004030



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 620460
 Suite, Apt. #, etc.

02142008 Chg-LLC CR2E083 (12/06)

City & State
 OVIEDO, FL.

City & State
 OVIEDO, FL.

Zip
 32762

Country
 USA

4. FEI Number
 59-6060269

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LOWMAN, WILLIAM R JR ESQ
 SHUFFIELD LOWMAN & WILSON P.A.
 1000 LEGION PLACE SUITE 1700
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 Name
 CHARLES W. EVANS
 Street Address (P.O. Box Number is Not Acceptable)
 110 E. BROADWAY AVE. SUITE A
 City
 OVIEDO FL Zip Code
 32765

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 *Charles W. Evans* CHARLES W. EVANS DATE 2-19-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVANS GROVES, INC. 110 EAST BROADWAY AVE., SUITE A OVIEDO, FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Charles W. Evans* 2/19/08 407-365-6631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #