


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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


04-18-2008 90155 004 ***138.75

DOCUMENT # L07000123826	
1. Entity Name EVANS TRIANGLE BLOCK, LLC	

Principal Place of Business 110 EAST BROADWAY AVE STE A OVIEDO, FL 32765	Mailing Address 110 EAST BROADWAY AVE STE A OVIEDO, FL 32765
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 620460
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OVIEDO, FL.	City & State OVIEDO, FL.
Zip 32762	Country USA

	
02142008	Chg-LLC
CR2E083 (12/06)	
4. FEI Number 59-1472732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

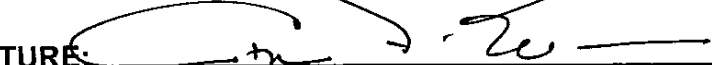
6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR ESQ 1000 LEGION PLACE STE 1700 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name CHARLES W. EVANS Street Address (P.O. Box Number is Not Acceptable) 110 E BROADWAY AVE. SUITE A City OVIEDO FL Zip Code 32762	

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	DATE 2-15-08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVANS, ARTHUR F 110 EAST BROADWAY AVE STE A OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVANS, JOHN W JR 110 EAST BROADWAY AVE STE A OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVANS, CHARLES W 110 EAST BROADWAY AVE STE A OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVANS, DAVID L 110 EAST BROADWAY AVE STE A OVIEDO, FL 32765 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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	DATE 2/15/08	DAYTIME PHONE # 407-365-6631
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		