## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 18, 2008 8:00 am Secretary of State DOCUMENT # L07000123904 04-18-2008 90155 005 \*\*\*138.75 EVANS LAKE JESUP, LLC Mailing Address Principal Place of Business 110 E BROADWAY AVE 110 E BROADWAY AVE STE A STE A OVIEDO, FL 32765 OVIEDO, FL 32765 2. Principal Place of Business - No P.O. Box # Mailing Address PO BOX 620460 Suite, Apt. #, etc. 02142008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR, ESQ SHUFFIELD, LOWMAN & WILSON, P.A. 1000 LEGION PLACE - STE 1700 ORLANDO, FL 32801 Zip Code 3276S 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 required agent Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9 MGR TITLE ☐ Change ■ Addition TITLE Delete EVANS, ARTHUR F NAME NAME 110 E BROADWAY AVE - STE A STREET ADDRESS STREET ADDRESS OVIEDO, FL 32765 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITA F TITLE EVANS, JOHN W JR NAME 110 E BROADWAY AVE - STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP MGR Delete TITLE ☐ Change ☐ Addition TITLE EVANS, CHARLES WM NAME NAME 110 E BROADWAY AVE - STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP Change ☐ Addition Delete TITLE **EVANS, DAVID LEE** NAME NAME STREET ADDRESS 110 E BROADWAY AVE - STE A STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAM.F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certily 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 tructee empowered to execute this report as required by Chapter 608, Florida Statutes.