## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029541

**Current Principal Place of Business:** 

110 EAST BROADWAY AVENUE, SUITE A

OVIEDO, FL 32765

Address:

City-St-Zip:

Entity Name: 5718 OLD CHENEY HIGHWAY, LLC

FILED Feb 19, 2009 Secretary of State

**New Principal Place of Business:** 

110 E BROADWAY

OVIEDO, FL 32765

PO BOX 620460 OVIEDO, FL 32762

110 EAST BROADWAY AVENUE, SUITE A OVIEDO, FL 32765	
Current Mailing Address:	New Mailing Address:

FEI Number: 59-6060269 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOWMAN, WILLIAM R JR ESQ EVANS, CHARLES W SHUFFIELD, LOWMAN & WILSON, P.A. 110 E BROADWAY 1000 LEGION PLACE, SUITE 1700 OVIEDO, FL 32765 US ORLANDO, FL 32801 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: CHARLES W EVANS 02/19/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Change () Addition () Delete EVANS GROVES, INC. Name: Name: Address: 110 EAST BROADWAY AVENUE, SUITE A Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: EVANS, CHARLES W Address: Address: 110 E BROADWAY City-St-Zip: City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: VP/D ( ) Change (X) Addition Name: EVANS, DAVID L Name: 110 E BROADWAY Address: Address: City-St-Zip: City-St-Zip: OVIEDO, FL 32465 Title: () Delete Title: VP/D ( ) Change (X) Addition Name: Name: EVANS, JOHN W JR 110 E BROADWAY Address: Address: City-St-Zip: City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: ( ) Change (X) Addition EVANS, ARTHUR F Name: Name:

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

Address:

City-St-Zip:

SIGNATURE: CHARLES W EVANS PRES 02/19/2009

or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.