


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90017 032 ****50.00

DOCUMENT # L00000004223
 1. Entity Name
EVOLVE DEVELOPMENT GROUP, LLC



Principal Place of Business Mailing Address
1301 6TH AVENUE WEST, SUITE 401 **1301 6TH AVENUE WEST, SUITE 401**
BRADENTON FL 34205 **BRADENTON FL 34205**

2. Principal Place of Business 3. Mailing Address
1281 Edgewater Circle *1281 Edgewater Circle*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Bradenton, FL *Bradenton, FL*
 Zip Country Zip Country
34209 *34209* *34209* *34209*

24052169



MOORE CR2E083 (11/03)

4. FEI Number Applied For
65-0996200 Not Applicable

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

6. Name and Address of Current Registered Agent
WILCOX, DAVID W ESQ.
1301 6TH AVENUE WEST, SUITE 401
BRADENTON FL 34205

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
308 13th St. W.
 City FL Zip Code

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 *David W. Wilcox* **DAVID W. WILCOX** **3-25-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GARBUTT, ROBERT B	
STREET ADDRESS	1281 EDGEWATER CIRCLE	
CITY - ST - ZIP	BRADENTON FL 34209	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HORTON, DAVID C	
STREET ADDRESS	2917 BRELENRIDGE	
CITY - ST - ZIP	BRIGHTON MI 48114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Robert B. Garbutt* **ROBERT B. GARBUTT** **941-792-7443**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #