

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 8821 29TH ST. E.                      8821 29TH ST. E.  
 PARRISH, FL 34219                      PARRISH, FL 34219

**DO NOT WRITE IN THIS SPACE**



02192007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 65-0996200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 WILCOX, DAVID W ESQ.  
 308 13TH ST. W  
 BRADENTON, FL 34205

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

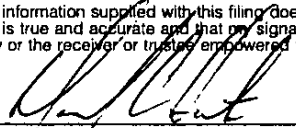
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARBUIT, ROBERT B 8821 29TH ST. E. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORTON, DAVID C 2917 BRECKENRIDGE BRIGHTON, MI 48114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/09/07-80122-020 50.00

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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:**  **DAVID C. HORTON**      4-16-07      941-776-8037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #