


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000014093</b> 1. Entity Name EVOLVED DEVICES, LLC.	
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Principal Place of Business 500 AUSTRALIAN AVE., SO., STE 110 SUITE 120 WEST PALM BEACH, FL 33401	Mailing Address 500 AUSTRALIAN AVE., SO., STE 110 SUITE 120 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1060150	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  RHODES, PAUL 500 AUSTRALIAN AVE., S. SUITE 120 STE 110 WEST PALM BEACH, FL 33401
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHODES, PAUL 500 AUSTRALIAN AVE., S. SUITE 120 WEST PALM BEACH, FL 33401
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05/15/07-80147-006 50.00

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b>  <b>Paul Rhodes</b> 4-27-07 561-659-5400	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		