


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000000985</b>	
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<b>1. Entity Name</b> ENVISORS, LLC	<b>Principal Place of Business</b> 2105 DUNDEE RD WINTER HAVEN, FL 33883-9309	<b>Mailing Address</b> P.O. BOX 9309 WINTER HAVEN, FL 33883-9309
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**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC CR2E083 (12/07)

<b>4. FEI Number</b> 27-0008736	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

SHEALEY, STEVEN C  
2105 DUNDEE RD  
WINTER HAVEN, FL 33883-9309

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGR
<b>NAME</b>	EVANS, BETH L
<b>STREET ADDRESS</b>	7 EAGLES NEST
<b>CITY-ST-ZIP</b>	WINTER HAVEN, FL 33881
<b>TITLE</b>	MGR
<b>NAME</b>	SHEALEY, STEVEN C
<b>STREET ADDRESS</b>	604 N.E. 14TH STREET
<b>CITY-ST-ZIP</b>	WINTER HAVEN, FL 33881
<b>TITLE</b>	MGR
<b>NAME</b>	ELIAS, STEVEN L
<b>STREET ADDRESS</b>	136 LAKE OTIS ROAD
<b>CITY-ST-ZIP</b>	WINTER HAVEN, FL 33884
<b>TITLE</b>	MGR
<b>NAME</b>	KAYE, KRISS Y
<b>STREET ADDRESS</b>	1888 STELLA CT S.
<b>CITY-ST-ZIP</b>	LAKELAND, FL 33813
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**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:** *J. Clayton Lillquist* **1/16/08** **863-324-1112**

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