## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000022709

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1. Entity Name	EVELOPERS LLC	0022703		09-02-200
Principal Place of	Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	
1619 Mirabella Court St. Petersburg Beach FL 33706		4619 MIRABELLA CO ST. PETERSBURG B		
2. Principal Place	of Business	3. Mailing Address	<u>.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc	☐ CHECK HE	
City & State		City & State		4: FEI Number 56–2307757
Zip	Country	Zip	Country	5. Certificate of Status Desired

## FILED Sep 02, 2003 8:00 am Secretary of State 09-02-2003 90121 031 \*\*\*\*50.00

519 MIRABELLA COURT T. PETERSBURG BEACH FL 33706		4619 MIRABELLA COURT ST. PETERSBURG BEACH	FL <b>3370</b> 6			<b>         </b>	)	<b>88</b> 112 <b>88</b> 11 <b>8</b> 14 <b>8</b>	12 11016 10071 00	11 <b>0</b> 1 <b>6</b> 11 1 <b>86</b> 1 ·	
. Principal Place of Business 3. Mailing Address		<u></u>									
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.		<del></del> ,		☐ CHECK HERE IF MAKING CHANGES						
City & State	e		City & State				4: FEI Num		· · · · · · · · · · · · · · · · · · ·		oplied For
Zip		Country	Zip	Zip Coun						\$5.00 Add	ditional
·	6. Name	and Address of Current	Registered Agent	1			7. Name ar	nd Address of New R			
EAST, CLARK D 4619 MIRABELLA COURT ST. PETERSBURG BEACH FL 33706			Name Street Address (P.O. Box Number is Not Acceptable)								
	<u> </u>				City			ath in the Chate of File	FL	Zip Cod	
the obligati _ SIGNATURE	ons of regist	y submits this statement to ered agent.  or printed name of registered agent	or the purpose of changing its and title if applicable. (NOT	-	ed office or	_		oth, in the State of Fig	DATE	amiliar with,	and accept
	•	·	Make Check Payab	le to Fl	FEE IS \$5 orida Dep mber 24, 2	artment	of State				
9.		MANAGING MEMBI	RS/MANAGERS	10.	-			ADDITIONS	CHANGES	-	
IITLE NAME STREET ADORESS CITY-ST-ZIP		ark d Abella Court Asburg Beach FL 3:	□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition }
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ITLE IAME ITREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	☐ Addition

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 AND TYPED OR PRINTED NAME OF SIG