


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90010 030 ****50.00

DOCUMENT # L02000034696	
1. Entity Name EVANS AVENUE PLAZA, LLC	

Principal Place of Business 8510 GRANITE COURT FORT MYERS, FL 33908 <i>4686 SoLandings Dr Fort Myers FL 33919</i>	Mailing Address 8510 GRANITE COURT FORT MYERS, FL 33908
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2. Principal Place of Business - No P.O. Box # 4686 SoLandings Dr	3. Mailing Address 5 Amp
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Fort Myers FL	City & State 5 Amp
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Zip 33919	Country USA	Zip	Country
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01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3761979	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BUNDSCHU, CHUCK 8510 GRANITE COURT FORT MYERS, FL 33908	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 *[Signature]* DATE **1/11/07**
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADAMS, FRANK W 23306 E ADAMS ROAD INDEPENDENCE, MO 64058 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]*