


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State


DOCUMENT # L03000004501

1. Entity Name
 EVELYN F. PARKES, CPA, LLC



Principal Place of Business 420 CLEMATIS STREET FLOOR 2 WEST PALM BEACH, FL 33401	Mailing Address 420 CLEMATIS STREET FLOOR 2 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3738531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKES, EVELYN F CPA, PA
 420 CLEMATIS STREET
 FLOOR 2
 WEST PALM BEACH, FL 33401

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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:  1/10/05

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

Filing Fee is \$50.00 Due by May 1, 2005


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARKES, EVELYN F 420 CLEMATIS STREET WEST PALM BEACH, FL 33401
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 603, Florida Statutes.

SIGNATURE:  1/10/05 561-346-9250

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