



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90005 009 ****50.00

DOCUMENT # L03000046018					
1. Entity Name ROBERT F. EVANS, JR., LLC					
Principal Place of Business 3954 PACE ROAD PACE, FL 32571-1120 US			Mailing Address 3954 PACE ROAD PACE, FL 32571-1120 US		
2. Principal Place of Business 8655 Byrom Campbell Road		3. Mailing Address 8655 Byrom Campbell Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pace, FL		City & State Pace, FL		4. FEI Number 59-3247522	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 32571-9238	Country	Zip 32571-9238	Country USA		
6. Name and Address of Current Registered Agent EVANS, CYNTHIA D. 3954 PACE ROAD PACE, FL 32571-1120			7. Name and Address of New Registered Agent Name Evans, Cynthia D. Street Address (P.O. Box Number is Not Acceptable) 8655 Byrom Campbell Road City Pace FL 32571-9238		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, CYNTHIA D. 3954 PACE ROAD PACE, FL 325711120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Evans, Cynthia D. 8655 Byrom Campbell Road Pace, FL 32571-9238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, ROBERT F JR. 3954 PACE ROAD PACE, FL 325711120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Evans, Robert F. Jr. 8655 Byrom Campbell Road Pace, FL 32571-9238 <input checked="" 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		
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		
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: 			Date: 2/23/06 430-712-1413		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		