## 2007 LIMITED LIABILITY COMPANY **FILED ANNUAL REPORT** Apr 11, 2007 08:00 A Secretary of State DOCUMENT # L03000047239 1. Entity Name PHILIP C EVANS LLC Principal Place of Business Mailing Address PO BOX 287 8463 EAST BAY BLVD NAVARRE, FL 32566 MARY ESTHER, FL 32569 04092007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3707879 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVANS, PHILIP C DO NOT WRITE 8463 EAST BAY BLVD NAVARRE, FL 32566 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 famillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 U00000700742 <del>04/20/07-80031-003 55.00</del> MANAGING MEMBERS/MANAGERS 9. MGR TALE

## DO NOT WRITE IN THIS SPACE

11.	I hereby o	certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the	ne information
	indicated	d 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 m	anager of the
	limited fial	ability company or the receiver or postee empowered to execute this report as required by Chapter 608, Florida Statutes.	• •

SIGNATURE:

EVANS, PHILIP C

8463 EAST BAY BLVD

NAVARRE, FL 32566

14 30 BOOK 5

NAME Street address

TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-9-07

Daytime Phone #