


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000047239 1. Entity Name PHILIP C EVANS LLC |  |
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|--|--|
| Principal Place of Business 8463 EAST BAY BLVD NAVARRE, FL 32566 | Mailing Address PO BOX 287 MARY ESTHER, FL 32569 |
|--|--|

DO NOT WRITE IN THIS SPACE



03272008No Chg-LLC

CR2E083 (12/07)

| | |
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| 4. FEI Number 11-3707879 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent EVANS, PHILIP C 8463 EAST BAY BLVD NAVARRE, FL 32566 |
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**DO NOT WRITE
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 familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000876371
04/11/08-80070-004 143.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EVANS, PHILIP C 8463 EAST BAY BLVD NAVARRE, FL 32566 |
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-27-08 (850) 217-8422