

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


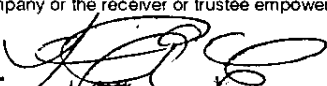
FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90178 041 ***105.00

20010479



1st MOORE CR2E083 (10/04)

DOCUMENT # L03000057377			
1. Entity Name LAVANIA EVANS, LLC		Principal Place of Business 206 N. MANATEE AVE DAVENPORT FL 33837	
Mailing Address 206 N. MANATEE AVE DAVENPORT FL 33837		2. Principal Place of Business DAVENPORT	
3. Mailing Address PO BOX 2027		3. Mailing Address PO BOX 2027	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVENPORT		City & State DAVENPORT, FLORIDA	
4. FEI Number 20-2251734 NO-T APPLICABLE		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, LAVANIA 206 NORTH MANATEE AVE DAVENPORT FL 33836		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, LAVANIA 206 NORTH MANATEE AVE DAVENPORT FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGEMENT RACHEL EVANS 206 N Manatee Ave Davenport, FL 33837 <input type="checkbox"/> Change <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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 2/9/05 Daytime Phone # (813)557-4817	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

ATTACHMENT 20010479
L0300051377



IMPERIAL POLK COUNTY OCCUPATIONAL LICENSE



LICENSE / ACCT.#	1170000931	LICENSE YEAR	2004 - 2005	CLASS	
LOCATION	206 N MANATEE 37 - DAVENPORT - IN - IN CITY	EMPLOYEES			A
OWNER:	LAVANIA C EVANS	BUSINESS TYPE			

810000 LTD OTHER SERVICES

LAVANIA C EVANS LLC

206 N MANATEE
DAVENPORT, FL 33837

LICENSE TYPE: BASE TAX	RENEWAL 30.00	FEE: ADDL OCCS:	DATE PAID: PENALTIES:	ADDL AMT: TOTAL PAID:	30.00
---------------------------	------------------	--------------------	--------------------------	--------------------------	-------

JOE G. TEDDER, TAX COLLECTOR, 430 E MAIN ST., PO BOX 2016, BARTOW, FL 33831, 2016, TEL (863) 534-4791, www.PolkTaxes.com

THIS OCCUPATIONAL LICENSE MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION

PAID- 636665.0001-0001 603 10/05/2004 30.00