FILED Apr 22, 2005 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # L 04000019980	/6

DOCUMENT # L04000019980 1. Entity Name EVANSVILLE MOB INVESTORS LLC			(04	1-22-2005	90052 0	:50 ****5	0.00	
Principal Place of Business 3399 PCA BLYD., SIE 240 PALM BEACH GARDENS, FL 33410		Mailing Address 3399 PCA BLVD., STE. 240 PALM BEACH GARDENS, FL 33410								
2. Principal Pl 11360 丁	lace of Business	3. Mailing Address 1/360 Tog Road	<u> </u>							
Suite, Apt. #, etc. 501-C 100		Suite, Apt. # etc. 5 LNC 200				g-LLC	CR2E0	83 (10/03)		
Palm Black Gerdens, Florida		Palm Black Gardens Florida			4. FEI Number 56-14650	742		Not	olied For Applicable	
334/8	Country VS A 6. Name and Address of Current i	Zip 3 3 4/5/	Countr US f		Certificate of Stat Name and Addre		<u> </u>	\$5.00 Addi Fee Required		
		registered Agent	+	Name	7. Name and Addit	Sa Of New Tre	giaterea A	gent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Street Address		(P.O. Box Number is Not Acceptable)						
		·	-	City			FL	Zip Code)	
	named entity submits this statement for	the purpose of changing its	registered	d office or regist	ered agent, or both, in th	ne State of Flor		_ amiliar with, a	and accept	
the obligati SIGNATURE .	ions of registered agent.					,		~~~		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered	Agent signature requir	red when reinstating)	18 - P - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	DATE		· ****	
Fi Di	iling Fee is \$50.00 ue by May 1, 2005					Make Florida	check p Departme	ayable to ent of State		
9.	MANAGING MEMBE		10.			ADDITIONS/	CHANGES	#/2		
TITLE NAME	MGRM SINA, MALCOLM S	☐ Delete	TITLE NAME		1 / 6	Ja 100		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	3399 PGA BLVD., STE. 240 PALM BEACH GARDENS, FL. 33	2410	STREET CITY-S	T ADDRESS 113	60 Jog Road Sr m Black Gerdens; 60 Jog Road Sr Im Richel Gudens	Florida	1160			
TITLE .	MGRM	Delete	TITLE	51-217 (417	IN DISON GERACIES	1 101104	J <u>J7/ *</u>	Change	☐ Addition	
NAME	GALGANO, JIM		NAME	anaraa , ,)	10 7 0 15	Al 100		_ ,	_	
STREET ADDRESS CITY-ST-ZIP	·			TADDRESS (// 3 ST-ZIP // 4	Im Riber budge	florida	334/8	/		
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CITY-ST-ZIP			CITY-S	ST-ZIP						
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NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
indicated	certify that the information supplied with f on this report is true and accurate and ability company or the receiver or muste	that my signature shall have	the same	legal effect as i	f made under oath; that	I am a manag	further cer jing membe	tify that the in or manage	nformation or of the	
	ila moliclas Con lel Michel en 101 9000									
SIGNATURE: SIGNATURE AND TYPED OF DEPTHY FOR WHITE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date D										