

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053055

Entity Name: EVANS REALTY, LLC

FILED
May 07, 2007
Secretary of State

Current Principal Place of Business:

17803 HIGHWAY 231
FOUNTAIN, FL 32438

New Principal Place of Business:

Current Mailing Address:

C/O BRUCE A ROSEN CPA PC
7 COBBLESTONE COURT
CENTERPORT, NY 11721

New Mailing Address:

FEI Number: 20-1553813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EVANS, JAMES
14709 LITTLE BLUE LANE
SOUTHPORT, FL 32409 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EVANS, JEFFREY
Address: 9 COHRS COURT
City-St-Zip: MORICHES, NY 11955

Title: MGRM () Delete
Name: EVANS, DENNIS
Address: 17803 HIGHWAY 231
City-St-Zip: FOUNTAIN, FL 32438

Title: MGRM () Delete
Name: EVANS, JAMES
Address: 14709 LITTLE BLUE LANE
City-St-Zip: SOUTHPORT, FL 32409

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY EVANS

MGRM

05/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date