

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000072370 1. Entity Name THE MARSHES AT EVANS CREEK, L.L.C.				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; text-align: right;">FILED</div> <div style="position: absolute; bottom: 0; right: 0; font-size: 1.2em;">APR 27 AM 8:04</div>	
Principal Place of Business 407 E. KING ST QUINCY, FL 32351		Mailing Address 407 E. KING ST QUINCY, FL 32351		SECRETARY OF STATE TALLAHASSEE, FLORIDA 04272007 Chg-LLC CR2E083 (12/06)	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 378 Suite, Apt. #, etc.			
City & State City: Midway State: FL		City & State City: Midway State: FL			
Zip 32343	Country	Zip 32343	Country		
4. FEI Number 20-1710331				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SUBER, GREG 407 E. KING ST QUINCY, FL 32351	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, SIDNEY E 2290 DELTA BLVD TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em; text-align: center;">600101630326</div> <div style="font-size: 1.2em; text-align: center;">05/07/07--01005--005 **50.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUBER, GREG 407 E. KING ST QUINCY, FL 32351	<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 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:			Date: 4-27-07 Daytime Phone #		