


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90002 048 ****50.00

DOCUMENT # L04000083879	
1. Entity Name ARTHUR EVANS LLC	

Principal Place of Business 32 STOWE ROAD MARY ESTHER, FL 32569	Mailing Address 32 STOWE ROAD MARY ESTHER, FL 32569
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2. Principal Place of Business	3. Mailing Address <i>P.O. Box 4536</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Fort Walton Beach</i>
Zip	Country
<i>32549</i>	



06202005 Chg-LLC CR2E083 (10/03)

4. FEI Number <i>20-2071356</i>		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 EVANS, ARTHUR O IV 32 STOWE ROAD MARY ESTHER, FL 32569		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EVANS, ARTHUR O IV 32 STOWE ROAD MARY ESTHER, FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

06 22 05

Date

850 642-1398

Daytime Phone #