


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000091619</b>	
1. Entity Name LLOYD J EVANS LLC	

Principal Place of Business 1067 FAIRFAX CIRCLE WEST BOYNTON BEACH, FL 33436 US	Mailing Address 1067 FAIRFAX CIRCLE WEST BOYNTON BEACH, FL 33436 US
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07202006 No Chg-LLC CR2E083 (11/05)

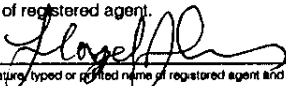
4. FEI Number 20-2039695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

OLEA, JOHN  
 11382 PROSPERITY FARMS RD.  
 SUITE 229  
 PALM BEACH GARDENS, FL 33410

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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: 7/20/06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

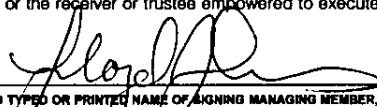
**Filing Fee is \$50.00**  
**Due by September 6, 2006**

U00000572187  
 07/25/06-80019-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, LLOYD J 1067 FAIRFAX CIRCLE WEST BOYNTON BEACH, FL 33436
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 7/20/06 DAYTIME PHONE #: 561-767-0704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #