2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/9/2005-90054-012 $50.00 $50.00

FILED
05 AUG 24 PM 3:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1st MOORE CR2E083 (10/04) 8/24

DOCUMENT # L04000092947

1. Entity Name *
EVA AT STUDIO 15, LLC

Principal Place of Business	Mailing Address
14261 S TAMIAMI TRAIL STE. 15 FORT MYERS FL 33912	14261 S TAMIAMI TRAIL STE. 15 FORT MYERS FL 33912

2. Principal Place of Business	3. Mailing Address
14261 S. Tamiami Tr	14261 S Tamiami Tr
Suite, Apt. #, etc.: Ste. 15	Suite, Apt. #, etc.: Ste. 15
City & State: Ft Myers, FL	City & State: Ft Myers, FL
Zip: 33912 Country: USA	Zip: 33912 Country: USA

4. FEI Number: 20-1961810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EBERSBERGER, LINDA
14261 S TAMIAMI TRAIL STE. 15
FORT MYERS FL 33912

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EBERSBERGER, LINDA 14261 S TAMIAMI TRAIL STE. 15 FORT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X Linda M. Ebersberger 8-24-05 (239)267-5644

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