

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005447

FILED  
Mar 01, 2008  
Secretary of State

Entity Name: BT EVANS CONSULTING, L.L.C.

**Current Principal Place of Business:**

27581 HACIENDA BOULEVARD  
#328A  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

27790 HACIENDA BOULEVARD  
#206B  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

1103 WHEATLAND AVE  
LANCASTER, PA 17603 US

**New Mailing Address:**

FEI Number: 20-2228220      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EVANS, BRIAN T SR.  
27581 HACIENDA BOULEVARD  
#328A  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

EVANS, BRIAN T SR.  
27790 HACIENDA BOULEVARD  
#206B  
BONITA SPRINGS, FL 34135 US

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: BRIAN T EVANS SR

03/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EVANS, BRIAN T SR.  
Address: 27581 HACIENDA BOULEVARD, #328A  
City-St-Zip: BONITA SPRINGS, FL 34135 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EVANS, BRIAN T SR.  
Address: 27790 HACIENDA BOULEVARD, #206B  
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: BRIAN T EVANS SR

MGRM

03/01/2008

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