2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

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Entity Name: EVANESCENT, LLC

Current Principal Place of Business:

2902 HYDE PARK STREET
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2902 HYDE PARK STREET
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 20-8907036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SIMONDS, DR. WARREN G PH.D.
Address: 6100 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: MGRM ( ) Delete
Name: SESSIONS, MR. DAVID
Address: 22426 PANTHER LOOP ROAD
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM ( ) Delete
Name: LACIVITA, MR. F. JOHN
Address: 3629 RIVIERA DRIVE
City-St-Zip: SARASOTA, FL 34232 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: LACIVITA, MR. F. JOHN
Address: 7714 CHERRY LAUREL COURT
City-St-Zip: SARASOTA, FL 34241 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: DAVID E. SESSIONS MGRM 04/25/2007

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