


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000047573</b> 1. Entity Name <b>EVENING STAR LLC</b>	
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Principal Place of Business <b>623 SW 53RD TERRACE CAPE CORAL, FL 33914 US</b>	Mailing Address <b>623 SW 53RD TERRACE CAPE CORAL, FL 33914 US</b>
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01112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**


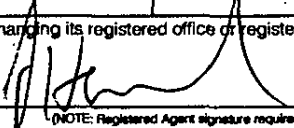
4. FEI Number <b>74-3177476</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HOWARD, JOHN P 622 SW 23RD PLACE GAINSEVILLE, FL 32601</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 John P Howard   DATE 11 Jan 08

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

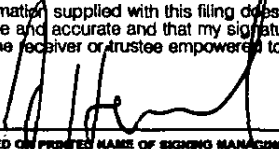
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000783326  
01/23/08-80014-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWARD, JOHN P 622 SW 23RD PLACE GAINSEVILLE, FL 32604
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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**  John P Howard MGR 11 Jan 08 2395429169

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