



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90213 003 ****50.00

DOCUMENT # L06000102695 1. Entity Name EVANS-FOWLER FLORIDA, LLC					
Principal Place of Business C/O THE DORAGH LAW FIRM, PL 7800 UNIVERSITY POINTE DRIVE, SUITE 100 FORT MYERS, FL 33907				Mailing Address C/O THE DORAGH LAW FIRM, PL 7800 UNIVERSITY POINTE DRIVE, SUITE 100 FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 14220 Royal Harbour Ct Suite, Apt. #, etc. S10 City & State Fort Myers, Florida Zip 33908		3. Mailing Address 14220 Royal Harbour Ct Suite, Apt. #, etc. S10 City & State Fort Myers, Florida Zip 33908			
City Fort Myers Country US		City Fort Myers Country US		4. FEI Number 20-8264917 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02282007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent DORAGH, PETE C/O THE DORAGH LAW FIRM, PL 7800 UNIVERSITY POINTE DRIVE, SUITE 100 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7011 Cypress Terrace Suite 103 City Fort Myers FL Zip Code 33907		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME DORAGH, PETE STREET ADDRESS 7800 UNIVERSITY POINTE DR. CITY-ST-ZIP FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE MGR NAME Frank D'Alessandro STREET ADDRESS 14220 Royal Harbour Ct # S10 CITY-ST-ZIP Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
Frank D'Alessandro, Manager SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 2/28/07					
Daytime Phone # 239/425-8469					