


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90155 006 \*\*\*138.75

<b>DOCUMENT # L07000123341</b>	
1. Entity Name <b>EVANS PROPERTY HOLDINGS, LLC</b>	

Principal Place of Business <b>110 EAST BROADWAY AVENUE, SUITE A OVIEDO, FL 32765</b>	Mailing Address <b>110 EAST BROADWAY AVENUE, SUITE A OVIEDO, FL 32765</b>
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**30004645**

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 1020460</b>  Suite, Apt. #, etc.
City & State  <b>OVIEDO, FL.</b>	City & State  <b>OVIEDO, FL.</b>
Zip  <b>32762</b>	Country  <b>USA</b>



02142008 Chg-LLC CR2E083 (12/06)

4. FFI Number <b>591472732</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LOWMAN, WILLIAM R JR., ESQ C/O SHUFFIELD, LOWMAN &amp; WILSON, P.A. 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801</b>	
7. Name and Address of New Registered Agent Name <b>CHARLES W. EVANS</b> Street Address (P.O. Box Number is Not Acceptable) <b>110 E. BROADWAY AVE SUITE A</b> City <b>OVIEDO</b> FL Zip Code <b>32765</b>	

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 *Charles W. Evans* - **CHARLES W. EVANS** DATE **2-19-08**  
(NOTE: Registered Agent signature required when reissuing)

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EVANS, ARTHUR F 110 EAST BROADWAY AVENUE, SUITE A OVIEDO, FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EVANS, JOHN W JR. 110 EAST BROADWAY AVENUE, SUITE A OVIEDO, FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EVANS, CHARLES W 110 EAST BROADWAY AVENUE, SUITE A OVIEDO, FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EVANS, DAVID L 110 EAST BROADWAY AVENUE, SUITE A OVIEDO, FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Charles W. Evans* **2/15/08** **407-365-6631**