2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# L96000000202

Entity Name: GOULD EVANS ASSOCIATES, P.L.

Current Principal Place of Business:

5405 WEST CYPRESS
SUITE 112
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

5405 WEST CYPRESS
SUITE 112
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3361069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	GOULD, ROBERT E	
Address:	4041 MILL STREET	
City-St-Zip:	KANSAS CITY, MO 64111	
Title:	MGR	( ) Delete
Name:	EVANS, DAVID C	
Address:	3136 NORTH THIRD AVENUE	
City-St-Zip:	PHOENIX, AZ 85013	
Title:	MGRM	( ) Delete
Name:	CARPENTER, STEVE J	
Address:	5405 WEST CYPRESS, STE. 112	
City-St-Zip:	TAMPA, FL 33607	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVE CARPENTER AIA 01/12/2005

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