

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000000202**

1. Entity Name  
**GOULD EVANS ASSOCIATES, P.L.**



Principal Place of Business

**5405 WEST CYPRESS  
SUITE 112  
TAMPA, FL 33607 US**

Mailing Address

**5405 WEST CYPRESS  
SUITE 112  
TAMPA, FL 33607 US**



07052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3361069**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. 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 33607-5736**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOULD, ROBERT E
STREET ADDRESS	4041 MILL STREET
CITY-ST-ZIP	KANSAS CITY, MO 64111
TITLE	MGR
NAME	EVANS, DAVID C
STREET ADDRESS	3136 NORTH THIRD AVENUE
CITY-ST-ZIP	PHOENIX, AZ 85013
TITLE	MGRM
NAME	CARPENTER, STEVE J
STREET ADDRESS	5405 WEST CYPRESS, STE. 112
CITY-ST-ZIP	TAMPA, FL 33607

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07/11/06-80029-009 55.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Steven J. Carpenter*

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

**STEVEN J. CARPENTER**

**7/5/06**

Date

**813.288.0729**

Daytime Phone #