

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000202

FILED
Jan 04, 2007
Secretary of State

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 (X)

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/MANAGERS:

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 Chapter 119, 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

PRIN

01/04/2007

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