

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90089 019 ****50.00

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07212005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M04000000298 1. Entity Name EVOO MARKETS, LLC							
Principal Place of Business 27500 RIVERVIEW CENTER BLVD., SUITE 202 BONITA SPRINGS, FL 34134-4314			Mailing Address 27500 RIVERVIEW CENTER BLVD., SUITE 202 BONITA SPRINGS, FL 34134-4314				
2. Principal Place of Business 27599 Riverview Center Blvd Suite, Apt. #, etc. Suite 201		3. Mailing Address 27599 Riverview Center Blvd Suite, Apt. #, etc. Suite 201		4. FEI Number 20-0525963 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
City & State Zip Country		City & State Zip Country					
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 September 7, 2005			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete ROBERT C. MARTIN REVOCABLE TRUST 27500 RIVERVIEW CENTER BLVD., SUITE 202 BONITA SPRINGS, FL 341344314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27599 Riverview Center Blvd, Suite 201			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete MARTIN, ROBERT C 27500 RIVERVIEW CENTER BLVD., SUITE 202 BONITA SPRINGS, FL 341344314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27599 Riverview Center Blvd, Suite 201			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete MARTIN, LINDA C 27500 RIVERVIEW CENTER BLVD., SUITE 202 BONITA SPRINGS, FL 341344314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27599 Riverview Center Blvd, Suite 201			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete MARTIN, BRIAN C 27500 RIVERVIEW CENTER BLVD., SUITE 202 BONITA SPRINGS, FL 341344314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27599 Riverview Center Blvd, Suite 201			
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 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 239.335.1320 <small>Daytime Phone #</small>				