


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000000298 1. Entity Name EVOO MARKETS, LLC	
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Principal Place of Business 27599 RIVERVIEW CENTER BLVD SUITE 201 BONITA SPRINGS, FL 34134-4314	Mailing Address 27599 RIVERVIEW CENTER BLVD SUITE 201 BONITA SPRINGS, FL 34134-4314
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DO NOT WRITE IN THIS SPACE



03202007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0525963	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

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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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT C. MARTIN REVOCABLE TRUST 27599 RIVERVIEW CENTER BLVD, SUITE 201 BONITA SPRINGS, FL 341344314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, ROBERT C 27599 RIVERVIEW CENTER BLVD, SUITE 201 BONITA SPRINGS, FL 341344314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, LINDA C 27599 RIVERVIEW CENTER BLVD, SUITE 201 BONITA SPRINGS, FL 341344314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, BRIAN C 27599 RIVERVIEW CENTER BLVD, SUITE 201 BONITA SPRINGS, FL 341344314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000724433  
05/02/07-80111-007 50.00

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:  3-26-2007  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #