

AMENDED

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000006020
1. Entity Name
EVERGLADES VENTURE COMPANY, L.L.C.



FILED
05-07-2008 9:00:14 AM ***138.75

08 AUG 20 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
190 NORTH LAKE AVE
PAHOKEE, FL 33476 US
Mailing Address
190 NORTH LAKE AVE
PAHOKEE, FL 33476 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
3. Mailing Address
630 Maplewood Dr #100
Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State
JUPITER FL

4. FEI Number
65-1107443
Applied For
Not Applicable

Zip
33458
Country
USA

5. Certificate of Status Desired
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SHEEHAN, JAMES
190 NORTH LAKE AVENUE
PAHOKEE, FL 33476

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Contains entries for MGRM SPRAGUE, JOHN H and MGRM SHEEHAN, JAMES.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Contains entries for MGRM JOHN C. Solomon, II and MGRM Raymond E. Graziotto.

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: William E. Taylor William E Taylor CFO Date: 4-17-08 Daytime Phone #: 561-625-9443