## LIMITED LIABILITY COMPANY 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 20, 2002 8:00 am Secretary of State

Daytime Phone #

1	MENT# L9400 FLDSTONE EQUIT	•			03-20-2002 90006	044 ****50.00	
	DO NOT WRITE	IN THIS SP	ACE		931	557	
141 NW 20TH STREET		3. Mailing Address POBoX	POBOX 4877				
6-107		Suite, Apt. #, etc.	City & State		DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For		
Boc	A RATON, FL	DEERFIELD	BEACH, FL	4. FEI Number 65-	-0542257	Not Applicable	
334	31 Country USA	33442	WSA	<u></u>	of Status Desired	\$5.00 Additional Fee Required	
	DO NOT WI	7. Name and Address of Current Registered Agent  Name FIRESTONE, DEBORAHE,  Street Address (P.O. Box Number is Not Acceptable) 7910 TENNY SON CT					
			CityBOCA	RATO	N	FL Zip Code 33 433	
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered office or registe	ered agent, or bot	h, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent ar	od title if applicable.			D	ATE	
		Make Check Pay	EE IS \$50.00 rable to Department of JE BY MAY 1	of State	•		
9.	MANAGING MEMBER	S/MANAGERS					
NAME ETSTEIN, JOANNE STREET ADDRESS 8980 Westgark #312 CITY-ST-ZIP 1+0USTON TX 77063			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE MEH  NAME EVERGREEN REALTY CORPOR.  STREET ADDRESS PO BOY 6.30923  CITY-ST-ZIP HOLLTON, TX 7.7263			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-SI-ZIP	D	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E E ET ADDRESS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
THTLE NAME STREET ADDRESS CITY-SI-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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