


FILED

2007 APR .5 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002733			
1. Entity Name EVERNIA STATION LIMITED PARTNERSHIP			
Principal Place of Business 3307 NORTHLAKE BLVD, SUITE 107 PALM BEACH GARDENS, FL 33403		Mailing Address 3307 NORTHLAKE BLVD, SUITE 107 PALM BEACH GARDENS, FL 33403	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CROSSEN, JOSEPH F 3307 NORTHLAKE BLVD, SUITE 107 PALM BEACH GARDENS, FL 33403		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			
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000062486 COMPLETE PROPERTY DEVELOPMENT CORP. 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS, FL 33410	STREET ADDRESS CITY-ST-ZIP	3307 Northlake Blvd, Suite 107 Palm Beach Gardens, FL 33403
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200096498702 04/11/07--01035--013 **500.00
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: _____		3/28/07 5616262778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	