## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF STREET AT 1045 DOCUMENT # L00000012430 1. Entity Name EVERMERE, L.L.C. 2006 MAY 10 AM 8: 05 Principal Place of Business Mailing Address 1534 WESTCHESTER AVE. 1534 WESTCHESTER AVE. WELLINGTON, FL 33414 WELLINGTON, FL 33414 03242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1048471 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWARTZ, RICHARD DO NOT WRITE 2300 PALM BEACH LAKES BLVD **STE 217** IN THIS SPACE WEST PALM BEACH, FL 33409 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) Filing Fee is \$50.00 Due by May 1, 2006 900074325209 05/10/06--01008--001 \*\*175.00 MANAGING MEMBERS/MANAGERS 9. MGR ALL TITLE CHCHRIST, LYNDA NAME STREET ADDRESS 1534 WESTCHESTER AVE WELLINGTON, FL 33414 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP STREET ADDRESS CITY-ST-ZIP STREET ADORESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.