2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000011483

1. Entity Name
EVERGLADES BOTANICAL (175) LC

Principal Place of Business	Mailing Address
2075 FLAMINGO ROAD DAVIE, FL 33325	2075 FLAMINGO ROAD DAVIE, FL 33325

DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-1301568	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, STAN
2075 S FLAMINGO RD
DAVIE, FL 33325

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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 _____

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

Filing Fee Is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WOOD, STANLEY
STREET ADDRESS	P.O. BOX 200485 · 2075 S. Flamingo Rd
CITY-ST-ZIP	DAVIE, FL 33320 33325
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _STAN WOOD_   1/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #