

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015343

Entity Name: EVER AFTER LLC

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

2977 MCFARLANE RD  
STE 100B  
COCONUT GROOVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2977 MCFARLANE RD  
STE 100B  
COCONUT GROOVE, FL 33133

**New Mailing Address:**

FEI Number: 01-0616136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUSSTER, CAMILLE T  
2977 MCFARLANE RD. STE 100B  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

RUSSTER, CAMILLE T  
2977 MCFARLANE RD. STE 100B  
MIAMI, FL 33133 US

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.

SIGNATURE: CAMILLE RUSSLER

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEREZ, JANETTE  
Address: 2977 MCFARLANE RD. STE 100B  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM ( ) Delete  
Name: RUSSLER, CAMILLE THIRY  
Address: 2977 MCFARLANE RD. STE 100B  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAMILLE RUSSLER

MGRM

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date