
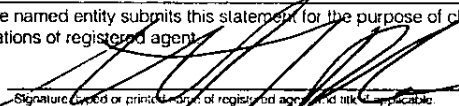
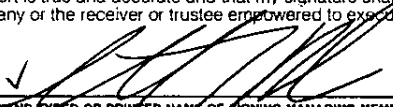


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90258 011 \*\*\*\*50.00

<b>DOCUMENT # L01000015343</b> 1. Entity Name <b>EVER AFTER LLC</b>					
Principal Place of Business <b>2977 MCFARLANE RD STE 100B COCONUT GROOVE, FL 33133</b>			Mailing Address <b>2977 MCFARLANE RD STE 100B COCONUT GROOVE, FL 33133</b>		
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	4. FEI Number <b>01-0616136</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RUSSTER, CAMILLE T 2977 MCFARLANE RD. STE 100B MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <b>5/1/07</b> <small>Signature of or principal agent of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PEREZ, JANETTE 2977 MCFARLANE RD. STE 100B COCONUT GROVE, FL 33133</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RUSSLER, CAMILLE THIRY 2977 MCFARLANE RD. STE 100B COCONUT GROVE, FL 33133</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
<b>SIGNATURE:</b> 			<b>5/1/07</b>		
<small>SIGNATURE AND COPIED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

600301--



01062007 Chg-LLC CR2E083 (12/06)