2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 26, 2004 08:00 AM Secretary of State

DOCUMENT	# L02000003806
 Entity Name 	
EVEGER LLC	



Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

169 E. FLAGLER ST. SUITE #1534 MIAMI, FL 33131 169 E. FLAGLER ST. SUITE #1534 MIAMI, FL 33131



04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 74-3034628 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NICENBOIM, JOSE 169 E. FLAGLER ST. SUITE #1534 MIAMI, FL 33131

SIGNATURE:

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4/21/04

Daytime Phone #

		IN THIS STAGE
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
Fi Di	ling Fee is \$50.00 ue by May 1, 2004	000000123499 04/28/04-80041-004 50.00
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIZET, JUAN CARLOS 169 E. FLAGLER ST. SUITE #1534 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
indicated	certify that the information supplied with this filing does not qually on this report is true and accurate and that my signature shall ability company or the receiver or trustee empowered to execute	lify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am a managing member or manager of the e this report as required by Chapter 608, Florida Statutes.