

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011609

Entity Name: EVERGREEN, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

2341 WINDCHIME DRIVE  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

4561 CARRARA COURT  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

2341 WINDCHIME DRIVE  
JACKSONVILLE, FL 32224

**New Mailing Address:**

4561 CARRARA COURT  
JACKSONVILLE, FL 32224

FEI Number: 74-3092694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TODD WATSON, ATTORNEY AT LAW  
7785 BAYMEADOWS WAY, STE. 107  
JACKSONVILLE, FL 32256      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: KEITT-IGLESIAS, RONNA  
Address: 2341 WINDCHIME DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: KEITT-IGLESIAS, RONNA  
Address: 4561 CARRARA COURT  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify 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: RONNA KEITT- IGLESIAS

MGRM

05/01/2007

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