

AMENDED

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05-05-2004 90012 012 *****55.00

04 MAY 14 PM 1:47

WLOS/25/04

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02062004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000004033

1. Entity Name
EVERNIA PROPERTIES GP, LLC



Principal Place of Business
**1110 BRICKELL AVE., STE. 806
MIAMI, FL 33131**

Mailing Address
**1110 BRICKELL AVE., STE. 806
MIAMI, FL 33131**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**2875 NE 191st
400 A
AVENTURA, FL
33180**
City & State
Country
Zip

4. FEI Number
30-0163216

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

6. Name and Address of Current Registered Agent
**PASTERNAK, MARSHALL R P.A.
200 SOUTH BISCAYNE BLVD., STE. 2500
MIAMI, FL 33131-5340**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		☐ Delete	TITLE		☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: _____ **4/26/04** **(305) 935-6955**

Date Daytime Phone #