## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000007781

1. Entity Name

10 EVERGREEN, LLC



FILED Jul 18, 2007 08:00 AM Secretary of State

Principal Place of Business

1204D SPANISH CAY LANE PUNTA GORDA, FL 33950 Mailing Address

1204D SPANISH CAY LANE PUNTA GORDA, FL 33950



07102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-2002373 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KHUDAIRI, SAJIDA Y 1204D SPANISH CAY LANE PUNTA GORDA, FL 33950

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan tions of registered agent.	i ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fil Due i	ling Fee is \$50.00 by September 14, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHUDAIRI, SAJIDA Y 1204-D SPANISH CAY LANE PUNTA GORDA, FL 33950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHUNDAIRI, A. KARIM 1204-D SPANISH CAY LANE PUNTA GORDA, FL 33950	· · · · · · · · · · · · · · · · · · ·	U00000769362 07/18/07-80003-004 50.00
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-ST-ZIP			
TITLE NAME STREET AGGREGE			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions confained 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATU	

CITY-ST-ZIP

A. Kai Khudei

7/9/07

617-480-5585

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

Date

Davime Phone #