2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Mar 29, 2005 08:00 AM Secretary of State

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1. Entity Name

EVERGLADES DEVELOPERS, LLC



Principal Place of Business

Mailing Address

1510 S.E. 17TH STREET SUITE 300

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FORT LAUDERDALE, FL 33316

FORT LAUDERDALE, FL 33316



03222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-3121312

Applied For Not Applicable

5. Certificate of Status Desired

IN THIS SPACE

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DO NOT WRITE

DAY, J. ROBERT 1510 SE 17TH STREET

SUITE 300 FORT LAUDERDALE, FL 33316

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.

STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent algorature required when reinstating)

DATE

Filing Fee is \$50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, J. ROBERT 1510 SE 17TH STREET, SUITE 300 FORT LAUDERDALE, FL 33316	U00000279812
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM SPIERS, DAVID G 1510 SE 17TH STREET, SUITE 300 FORT LAUDERDALE, FL 33316	03/29/05-60012-005 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERG, CHRISTIAN F 1510 SE 17TH STREET, SUITE 300 FORT LAUDERDALE, FL 33316	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		

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

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

GT4-737-6637-Daytime Phone #

Date