



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042345 1. Entity Name EVR, LLC	
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Principal Place of Business 14701 SW 84TH COURT MIAMI, FL 33158	Mailing Address 14701 SW 84TH COURT MIAMI, FL 33158
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DO NOT WRITE IN THIS SPACE



07012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3794639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROBERTSON, JIMAE T
14701 SW 84TH COURT
MIAMI, FL 33158**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 6, 2006**

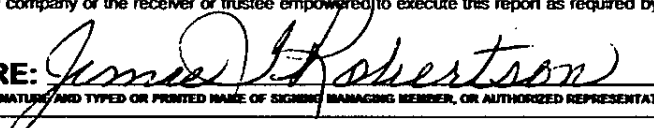
UD00000569647
07/12/06-80008-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTSON, JIMAE T 14701 SW 84TH COURT MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUEEN, VIVIAN C 5455 5TH STREET ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUEEN, EARL C 5455 5TH STREET ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE:  **JIMAE T. ROBERTSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **6/3/06** Date **305-251-6044** Daytime Phone #