## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO 30000 5 2 2 40 .

EVERGIEEN

LIJUESTMENT, L.L.C.



## FILED Apr 14, 2004 8:00 am Secretary of State

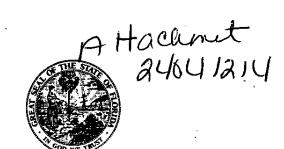
04-14-2004 90281 037 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE 24041214 2. Principal Place of Business 3. Mailing Address 11526 PERPETUAL DR 11528 PERPETUA Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ODESSA COESSA 20-0483662 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 33*5*56 Fee Required **USA** 7. Name and Address of Current Registered Agent ADO-CALL DO NOT WRITE O. Box Mmber is Not Acceptable) IN THIS SPACE O DE<del>SSA</del> 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. 12,2004 SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME NAME GALLAGHER AUDREY STREET ADDRESS STREET ADDRESS LA. TRINITY FL 1843 LINTUA CITY-ST-ZIP CITY ST-ZIP MGEN TITLE GALLAGHER. RUBERT NAME NAME 1643 LINTON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TRINCEY 34655 CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7P CITY-ST-ZIP TITLE TIME IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

-09 727-376-929



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 5, 2004

Minara god

EVERGREEN INVESTMENT, L.L.C. 1843 LINTON LANE TRINITY, FL 34655

SUBJECT: EVERGREEN INVESTMENT, L.L.C.

Ref. Number: L03000052240

We have received your document for EVERGREEN INVESTMENT, L.L.C. and check(s) totaling \$50.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas

Registration/Qualification Section
Division of Corporations Letter Number: 904A00022154

CORPORATE DETAIL RECORD SCREEN

NUM L03000052240 ST:FL ACTIVE/FL LIM LIAB FLD: 12/05/2003

TOTAL CONTR: 0.00

NAME : EVERGREEN INVESTMENT, L.L.C.

PRINCIPAL: 1843 LINTON LANE ADDRESS TRINITY, FL 34655

RA NAME : SALGADO-GALLAGHER, AUDREY

RA ADDR : 1843 LINTON LANE

TRINITY, FL 34655

ANN REP : \* NONE FILED \*

1. MENU, 3. MGR/MEM, 7. LIST, 8. NEXT, 9. PREV--

ENTER SELECTION AND CR: