

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018619

FILED
Apr 18, 2007
Secretary of State

Entity Name: SEVASTI L.L.C.

Current Principal Place of Business:

107 SECOND STREET
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

1151 N.E. CLEVELAND STREET
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 20-1061851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUNNE, KENNETH A
1151 N.E. CLEVELAND STREET
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALEXIOU, SEVASTI
Address: EASTERN BOARD, BOX N-672
City-St-Zip: NASSAU, BAHAMAS, OC

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALEXIOU, EMANUEL C
Address: CRAWFORD STREET, BOX N-672
City-St-Zip: NASSAU, BA BAHAMAS BA

Title: MGRM () Change (X) Addition
Name: ALEXIOU, SEVASTI
Address: EASTERN BOARD, BOX N-672
City-St-Zip: NASSAU, BA BAHAMAS BA

Title: MGRM () Change (X) Addition
Name: ALEXIOU, MICHAEL C
Address: EASTERN ROAD, BOX 672
City-St-Zip: NASSAU, BA BAHAMAS BA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH A. SUNNE

RA

04/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date