

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023113

FILED  
May 03, 2005  
Secretary of State

Entity Name: EVERLASTING INVESTMENTS LLC

## Current Principal Place of Business:

4955 SABLE PINE CIRCLE  
D2  
WEST PALM BEACH, FL 33417 US

## New Principal Place of Business:

307 4TH STREET  
LAKE PARK, FL 33403 US

## Current Mailing Address:

4955 SABLE PINE CIRCLE  
D2  
WEST PALM BEACH, FL 33417 US

## New Mailing Address:

307 4TH STREET  
LAKE PARK, FL 33403 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SLAY, JOSEPH B  
4955 SABLE PINE CIRCLE  
D2  
WEST PALM BEACH, FL 33417 US

## Name and Address of New Registered Agent:

SLAY, JOSEPH B  
307 4TH STREET  
LAKE PARK, FL 33403 US

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: JOSEPH B SLAY

05/03/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: SLAY, JOSEPH B  
Address: 4955 SABLE PINE CIRCLE D2  
City-St-Zip: WEST PALM BEACH, FL 33417 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SLAY, JOSEPH B  
Address: 307 4TH STREET  
City-St-Zip: LAKE PARK, FL 33403 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH B SLAY

MGR

05/03/2005

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