FILED
Jul 31, 2006 8:00 am
Secretary of State

04-17-2006 90037 005 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000024157

1. Entity Name
ALTON SOBE, LLC

Principal Place of Business	Mailing Address
% EVERGREEN OVERSEAS HOLDINGS, INC.	% EVERGREEN OVERSEAS HOLDINGS, INC.
~~420 LINCOLN RD. SUITE 235~~-B	~~420 LINCOLN RD. SUITE 235~~-B
~~MIAMI BEACH, FL 33139~~	~~MIAMI BEACH, FL 33139~~

02142006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
% Evergreen Overseas Holdings Inc.	% Evergreen Overseas Holdings, Inc.
Suite, Apt. #, etc.: 407 Lincoln Rd, Suite 4-C	Suite, Apt. #, etc.: 407 Lincoln Rd, Suite 4-C
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: Dade	Zip: 33139 Country: Dade

4. FEI Number: 20-2514815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AZRIA, ISABELLE E ESQ.	Name: Azria, Isabelle E ESQ
~~1741 ALTON ROAD~~	Street Address (P.O. Box Number is Not Acceptable): 420 Lincoln Rd.
~~MIAMI BEACH, FL 33139~~	Suite 235-B
	City: Miami Beach FL Zip Code: 33139

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Title: Managing Member

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVERGREEN OVERSEAS HOLDINGS INC. 407 LINCOLN ROAD, SUITE 4-C MIAMI BEACH, FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] V. U2 AN 04/17/06 ?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #