


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90005 024 ****50.00

DOCUMENT # L05000026309

1. Entity Name
EVERGLADES ENVIRONMENTAL ENTERPRISES, L.L.C.



Principal Place of Business Mailing Address

P.O. BOX 347 P.O. BOX 347
CHOKOLOSKEE ISLAND FL 34138 CHOKOLOSKEE ISLAND FL 34138



2. Principal Place of Business 3. Mailing Address

1180 Chokoloskee DR **P.O. Box 347**

Suite, Apt. #, etc. Suite, Apt. #, etc.

#26

1st MOORE CR2E083 (10/05)

City & State City & State

Chokoloskee FL **Chokoloskee FL**

Zip Country Zip Country

34138 **Collier** **34138** **Collier**

4. FEI Number Applied For

20-2537045 Not Applicable

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

6. Name and Address of Current Registered Agent

SELBURNE, W C JR.
150 SMALLWOOD DRIVE, UNIT #199
CHOKOLOSKEE ISLAND FL 34138

7. Name and Address of New Registered Agent

Name
SHELBURNE, W.C. JR.

Street Address (P.O. Box Number is Not Acceptable)
294 SMALLWOOD DR

City Zip Code

Chokoloskee **FL 34138**

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 *William C. Shelburne Jr* DATE **2-10-06**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SHELBURNE, W C JR.	
STREET ADDRESS	P.O. BOX 347	
CITY-ST-ZIP	CHOKOLOSKEE ISLAND FL 34138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *W.C. Shelburne Jr* **W.C. Shelburne Jr** **2-10-06** **239-695-3261**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #