


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000026309

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



Principal Place of Business Mailing Address

**1180 CHOKOLOSKEE DR#26
 CHOKOLOSKEE ISLAND, FL 34138**

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



01152008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2537045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required.

6. Name and Address of Current Registered Agent

**SHELburnE, JR, W.C
 294 SMALLWOOD DRIVE
 CHOKOLOSKEE ISLAND, FL 34138**

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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's signature required when filing change) TAXP# _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHELburnE, W C JR. P.O. BOX 347 CHOKOLOSKEE ISLAND, FL 34138
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 05/21/08-80001-002 138.75

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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: *W.C. Shelburne Jr* **4-24-08 239-695-3261**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date Signature Print #