

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90257 021 ****50.00

DOCUMENT # L05000040412 1. Entity Name EVEREST, LLC					
Principal Place of Business 14236 S TAMiami TRAIL SUITE A NORTH PORT, FL 34287 US			Mailing Address 14236 S TAMiami TRAIL SUITE A NORTH PORT, FL 34287 US		
2. Principal Place of Business 4010 CASEY KEY Rd.		3. Mailing Address 4010 CASEY KEY Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		06112006 Chg-LLC CR2E083 (11/05)	
City & State NOKOMIS FL		City & State NOKOMIS FL		4. FEI Number 20-2869851	
Zip 34275		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GIUFFRIDA, ALFRED 14236 S TAMiami TRAIL SUITE A NORTH PORT, FL 34287		7. Name and Address of New Registered Agent Name GIUFFRIDA, ALFRED Street Address (P.O. Box Number is Not Acceptable) 4010 CASEY KEY Rd. City NOKOMIS FL Zip Code 34275			
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 ALFRED GIUFFRIDA <i>Alfred S. Giuffrida</i> 6/8/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIUFFRIDA, ALFRED 14236 S TAMiami TRAIL, SUITE A NORTH PORT, FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIUFFRIDA, PAULINE J 14236 S TAMiami TRAIL, SUITE A NORTH PORT, FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Alfred S. Giuffrida</i> 6/8/2006 941-966-6656 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					