## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 13, 2007 08:00 All Secretary of State **DOCUMENT # L05000040412** 1. Entity Name EVEREST, LLC Principal Place of Business Mailing Address 4010 CASEY KEY RD **4010 CASEY KEY RD** NOKOMIS, FL 34275 NOKOMIS, FL 34275 US 04112007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2869851 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIUFFRIDA, ALFRED DO NOT WRITE 4010 CASEY KEY RD NOKOMIS, FL 34275 IN THIS SPACE 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. Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE GIUFFRIDA, ALFRED NAME 4010 CASEY KEY RD STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 TITLE MGRM GIUFFRIDA, PAULINE J NAME U000000706172 4010 CASE KEY RD STREET ADDRESS 04/24/07-80023-022 50.0b CITY-ST-ZIP NOKOMIS, FL 34275 TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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.

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

941-966-6656