

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-05-2006 90033 041 ****50.00

DOCUMENT # L05000049544	
1. Entity Name EVERGREEN REAL ESTATE LLC	

Principal Place of Business 3200 PORT ROYALE DR., N. #704 FT. LAUDERDALE FL 33308 US	Mailing Address 3200 PORT ROYALE DR., N. #704 FT. LAUDERDALE FL 33308 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)



4. FEI Number 65-1250886		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KLINE, STARLETT 3200 PORT ROYALE DR., N. #704 FT. LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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B. 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR - MEMBER PARKER, SHEILA G 401 SEVEN PINES COURT SANDSTON VA 23150 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR - MEMBER JOEL KLINE 3200 PORT ROYALE DR. N. #704 FT. LAUDERDALE, FL. 33308 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR - MEMBER KLINE, STARLETT 3200 PORT ROYALE DR., N. #704 FT. LAUDERDALE FL 33308 ☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: Starlett Kline Mgr **4-1706** **954-771-9810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #