2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 21, 2006 8:00 am
Secretary of State

07-25-2006 90082 007 ****50.00

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1. Entity Name
EVERNIA STATION LLC

Principal Place of Business	Mailing Address
1300 NORTH CONGRESS AVENUE, SUITE B WEST PALM BEACH, FL 33409	1300 NORTH CONGRESS AVENUE, SUITE B WEST PALM BEACH, FL 33409

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07202006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 65-0806385 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SINGER, BARRETT M
1300 NORTH CONGRESS AVENUE, SUITE B
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MCRM SINGER, BARRETT M 1300 NORTH CONGRESS AVENUE SUITE B WEST PALM BEACH FL 33409	☐ Change ☐ Addition
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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: [signature] 7/19/06 561-835-8580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #