2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000071829

1. Entity Name
EVERGREENS FARM LLC



Principal Place of Business

Mailing Address

21255 SW 312TH ST HOMESTEAD, FL 33030 P.O. BOX 900541

HOMESTEAD, FL 33090 US

FILED Mar 05, 2007 8:00 am Secretary of State

03-05-2007 90281 007 ****55.00

PECENDAM



01202007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number
	20-3179877

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6 Name a	and Address of Current	Registered Agent

DO NOT WRITE IN THIS SPACE

SAMBOUR, SINELL M 21255 SW 312TH ST HOMESTEAD, FL 33030

DO NOT WRITE 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.					
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
Filing Fee is \$50.00 Due by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMBOUR, SOVANNA Y 22 SIBLEY ST PROVIDENCE, RI 02907		02/22/10-80029-020 55.00		
NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP-		DO-I	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
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.					