FILED Jan 25, 2007 08:00 AM Secretary of State

2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT DOCUMENT # L05000083070** 1. Entity Name EVERCREEK, LLC. Principal Place of Business Mailing Address 5071 WILES ROAD 4101 CORAL TREE CIRCLE UNIT # 04201 **SUITE #313**

COCONUT CREEK, FL 33073



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For	
20-4084891		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DO NOT WRITE SACCO, MICHAEL A 4101 CORAL TREE CIRCLE IN THIS SPACE **SUITE #313** COCONUT CREEK, FL 33073

COCONUT CREEK, FL 33073

are dangemons or registered again.				
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstading)	DATE	
FI De	ling Fee is \$50.00 se by May 1, 2007	U000006 • 01/26/01-8	02662 0099-025-58. 00	
9.	MANAGING MEMBERS/MANAGERS	01720701-0	10055-025 30.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, PATRICIA A 108-02 DITMARS BLVD EAST ELMHURST, NY 11369			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this fiting 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 cath; 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.				

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