2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State
04-03-2008 90072 032 ***138.75

DOCUMENT # L05000086842

1. Entity Name
2990 BISCAYNE BOULEVARD, LLC

60019369

03242008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
EVERGREEN OVERSEAS HOLDINGS 407 LINCOLN RD 4-C MIAMI BEACH, FL 33139	EVERGREEN OVERSEAS HOLDINGS 407 LINCOLN RD 4-C MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Evergreen Overseas Holding	Evergreen Overseas Holding
Suite, Apt. #, etc.: 960 NE 74th St	Suite, Apt. #, etc.: 960 NE 74th St
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33138 Country:	Zip: 33138 Country:

4. FEI Number: 20-3405284 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAMECHE, DOMINIQUE 360 NE 74TH ST MIAMI, FL 33138	Name Street Address (P.O. Box Number is Not Acceptable): 960 NE 74th Street City: MIAMI FL Zip Code: 33138

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 _____ 04/01/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR UZAN, VICTOR 520 BRICKELL KEY DRIVE,STE, O-305 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR UZAN Victor 960 NE 74th St Miami, FL 33138	☐ 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 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: _____ 04/01/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #