

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	

Principal Place of Business EVERGREEN OVERSEAS HOLDINGS 407 LINCOLN RD 4-C MIAMI BEACH, FL 33139	Mailing Address EVERGREEN OVERSEAS HOLDINGS 407 LINCOLN RD 4-C MIAMI BEACH, FL 33139
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2. Principal Place of Business - No P.O. Box # Evergreen Overseas Holding Suite, Apt. #, etc. 960 NE 74th St City & State MIAMI FL Zip 33138 Country	3. Mailing Address Evergreen Overseas Holding Suite, Apt. #, etc. 960 NE 74th St City & State MIAMI FL Zip 33138 Country
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60019369



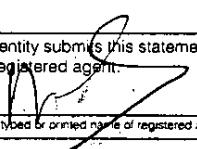
03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3405284	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NAMECHE, DOMINIQUE 360 NE 74TH ST MIAMI, FL 33138	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 960 NE 74th Street City MIAMI FL Zip Code 33138
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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.

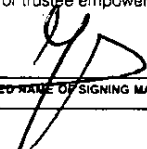
SIGNATURE  DATE 04/01/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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 606, Florida Statutes.

SIGNATURE:  DATE 04/01/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE