


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90166 028 ****55.00

DOCUMENT # L05000117588						
1. Entity Name EVERGLADES SUPPORTIVE HOUSING, LLC						
Principal Place of Business 19308 S.W. 38TH STREET FLORIDA CITY, FL 33034			Mailing Address P.O. BOX 345529 HOMESTEAD, FL 33034			
2. Principal Place of Business - No P.O. Box # 19308 SW 380th Street		3. Mailing Address P.O. Box 343529				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State FLORIDA CITY, FL		City & State HOMESTEAD, FL		4. FEI Number 20-4732956		
Zip 33034		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KIRK, STEVEN 19308 SW 380TH ST FLORIDA CITY, FL 33034			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE P	NAME KIRK, STEVEN		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 19308 SW 380TH ST	CITY-ST-ZIP FLORIDA CITY, FL 33034			NAME	STREET ADDRESS	
TITLE V	NAME JENSEN, ROBERT		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 18640 SW 29TH TERRACE	CITY-ST-ZIP HOMESTEAD, FL 33030			NAME	STREET ADDRESS	
TITLE ST	NAME LOPEZ, ARTURO		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 778 WEST PALM DR	CITY-ST-ZIP FLORIDA CITY, FL 33034			NAME	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete			NAME	STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> Delete			STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete			NAME	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete			NAME	STREET ADDRESS	
NAME	<input type="checkbox"/> Delete			STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> Delete			STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete			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.						
SIGNATURE: _____				Date: 3/6/2007		Daytime Phone #: 305-242-2142