2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000117588

1. Entity Name
EVERGLADES SUPPORTIVE HOUSING, LLC

Principal Place of Business	Mailing Address
19308 S.W. 380TH STREET FLORIDA CITY, FL 33034	PO BOX 343529 HOMESTEAD, FL 33034

DO NOT WRITE IN THIS SPACE

03142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4732956

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIRK, STEVEN
19308 SW 380TH ST
FLORIDA CITY, FL 33034

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 _____ DATE
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

000000874539
04/10/08-80123-004 143.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	KIRK, STEVEN
STREET ADDRESS	19308 SW 380TH ST
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	V
NAME	JENSEN, ROBERT
STREET ADDRESS	18640 SW 29TH TERRACE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	ST
NAME	LOPEZ, ARTURO
STREET ADDRESS	778 WEST PALM DR
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	MGRM
NAME	EVERGLADES COMMUNITY ASSOCIATION,INC.
STREET ADDRESS	19308 SW 380TH ST
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ March 19, 2008 305-242-2142
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING MANAGING MEMBER~~, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #