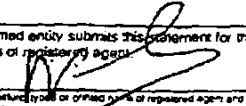
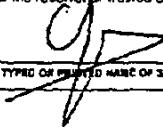


FILED
May 02, 2007 8:00 am
Secretary of State

04-16-2007 90341 008 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000010284			
1. Entity Name COLUMBUS CIRCLE, LLC			
Principal Place of Business C/O EVERGREEN OVERSEAS HOLDINGS, INC. 407 LINCOLN ROAD, SUITE 4-C MIAMI BEACH, FL		Mailing Address C/O EVERGREEN OVERSEAS HOLDINGS, INC. 407 LINCOLN ROAD, SUITE 4-C MIAMI BEACH, FL	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4268138		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AZRIA, ISABELLE E ESQ. C/O AZRIA LAW FIRM, P.A. 420 LINCOLN ROAD, SUITE 235-B MIAMI BEACH, FL 33138		7. Name and Address of New Registered Agent Name: NADIECHE Dominique Street Address (P.O. Box Number is Not Acceptable): 360 NE 74th St 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, registering agent.			
SIGNATURE:  D. Nameche		DATE: 4/11/07	
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 NAME STREET ADDRESS CITY-STATE-ZIP	Victor UZAN Manager 7301 Belle Meade Island Dr Miami, FL, 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Geraldine Levanas Manager 7301 Belle Meade Island Dr Miami, FL, 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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:  V. UZAN		DATE: 04/11/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	