

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042858

Entity Name: EVENTAIDE, LLC

FILED
Feb 28, 2007
Secretary of State

Current Principal Place of Business:

8994 BLOOMFIELD BLVD
SARASOTA, FL 34238

New Principal Place of Business:

501 KNIGHTS RUN AVENUE
UNIT 1233
TAMPA, FL 33602

Current Mailing Address:

PO BOX 20068
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 20-5116796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, PAIGE
8994 BLOOMFIELD BLVD
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

WATKINS, PAIGE
501 KNIGHTS RUN AVENUE
UNIT 1233
TAMPA, FL 33602 US

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.

SIGNATURE: PAIGE WATKINS

02/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WATKINS, PAIGE
Address: PO BOX 20068
City-St-Zip: SARASOTA, FL 34276

Title: MGRM () Delete
Name: WATKINS, MILES
Address: PO BOX 20068
City-St-Zip: SARASOTA, FL 34276

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAIGE WATKINS

MGR

02/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date