


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000051019 1. Entity Name EVERSHINE INVESTMENTS LLC	
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Principal Place of Business 7224 STONEROCK CIRCLE ORLANDO, FL 32819	Mailing Address 7224 STONEROCK CIRCLE ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4931423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GOWANI, SHERALI 7224 STONEROCK CIRCLE ORLANDO, FL 32819	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOWANI, SHERALI 7224 STONEROCK CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOWANI, YASMEEN 7224 STONEROCK CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOWANI, ZAIN 7224 STONEROCK CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOWANI, ZAINA 7224 STONEROCK CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOWANI, SULTAN KHANU 7224 STONEROCK CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000917366
05/13/08-80040-001 138.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-18-08 407 760 1780