


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90180 038 \*\*\*\*50.00

<b>DOCUMENT # L06000053044</b> 1. Entity Name <b>EVERSHED ENTERPRISES, L.L.C.</b>					
Principal Place of Business <b>241 QUAY ASSISI NEW SMYRNA BEACH, FL 32169</b>			Mailing Address <b>241 QUAY ASSISI NEW SMYRNA BEACH, FL 32169</b>		
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		
<div style="display: flex; justify-content: space-between;"> <span>01182007    Chg-LLC    CR2E083 (12/06)</span> <div style="text-align: right;">           4. FEI Number  <b>20-5535489</b> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <span>5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$5.00 Additional Fee Required</b></span> <div style="text-align: right;">           Applied For  <input type="checkbox"/> Not Applicable         </div> </div>					
6. Name and Address of Current Registered Agent  <b>EVERSHED, JOHN 241 QUAY ASSISI NEW SMYRNA BEACH, FL 32169</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EVERSHED, JOHN 241 QUAY ASSISI NEW SMYRNA BEACH, FL 32169</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>1/31/07</b> Daytime Phone # _____		