2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000026287

Entity Name: EVEREST YOUNG INVESTMENT GROUP, L.L.C.

Current Principal Place of Business:

6605 LANDOVER CIRCLE
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

6605 LANDOVER CIRCLE
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTINE, ANNA
6605 LANDOVER CIRCLE
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	COSTINE, ANNA	
Address:	6605 LANDOVER CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32317 US	
Title:	MGRM	( ) Delete
Name:	WANG, JUE	
Address:	1109 E. LINQUAN RD., XIANG JIANG SHI JI	
City-St-Zip:	MING CHENG,HEFEI, ANHUI, CH 000000 CH	
Title:	MGRM	( ) Delete
Name:	ZHANG, SHENGKUAN	
Address:	1109 E CHANGJIANG RD., 9TH FL.	
City-St-Zip:	HEFEI, ANHUI, CH 000000 CH	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ANNA COSTINE MGRM 04/29/2009

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