

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068385

FILED
Apr 02, 2008
Secretary of State

Entity Name: EVERGREEN INVESTORS 6, LLC

Current Principal Place of Business:

718 TULIP CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

718 TULIP CIRCLE
WESTON, FL 33327

New Mailing Address:

FEI Number: 26-0505242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARAMILLO, SEBASTIAN ESQ
66 W FLAGLER STREET STE 500
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

JARAMILLO, SEBASTIAN ESQ
66 W FLAGLER STREET
STE 500
MIAMI, FL 33130 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: SEBASTIAN JARAMILLO

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SINISTERRA, TOMAS
Address: 718 TULIP CIRCLE
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: VELEZ, JULIO
Address: 718 TULIP CIRCLE
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: GRT LLC,
Address: 718 TULIP CIRCLE
City-St-Zip: WESTON, FL 33327

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: SINISTERRA TOMAS

MGRM

04/02/2008

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