

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90072 028 ****50.00

DOCUMENT # L98000002626

1. Entity Name

534 EVERGLADES ISLAND, L.L.C.



Principal Place of Business

222 LAKEVIEW AVENUE, PENTHOUSE #5
WEST PALM BEACH, FL 33401

Mailing Address

222 LAKEVIEW AVENUE, PENTHOUSE #5
WEST PALM BEACH, FL 33401

20034712



04112005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0874152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MORRISON, CARLOS
222 LAKEVIEW AVE PH5
WEST PALM BEACH, FL 33401

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MORRISON, CARLOS
STREET ADDRESS 222 LAKEVIEW AVENUE, PENTHOUSE #5
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

CARLOS MORRISON

4/11/2005

Date

561-832-6070

Daytime Phone #