

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L98000002626

1. Entity Name
534 EVERGLADES ISLAND, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 AM 10:26

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

2. Principal Place of Business
3720 S Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
3720 S Dixie Hwy
Suite, Apt. #, etc.



04292005 Chg-LLC CR2E083 (10/03)

City & State
West Palm Beach
Zip
33401
Country
USA

City & State
West Palm Beach
Zip
33401
Country
USA

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

7. Name and Address of New Registered Agent

Name
Joel P. Koepfel, Esquire
Street Address (P.O. Box Number is Not Acceptable)
525 South Flagler Drive, Suite 200
City
West Palm Beach FL Zip Code
33401

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/4/05

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]* CARLOS MORRISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-5-2005

Date

561-832-6070

Daytime Phone #