

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90022 048 ***138.75

DOCUMENT # L98000002626

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



Principal Place of Business
3720 S DIXIE HWY
WEST PALM BEACH, FL 33401

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



04102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOEPEL, JOEL P ESQ
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRISON, CARLOS 222 LAKEVIEW AVENUE, PENTHOUSE #5 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, THOMAS 222 LAKEVIEW AVE PH5 WEST PALM BEACH, FL 33401
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IN THIS SPACE**

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.

SIGNATURE: Carlos Morrison President 4/14/08 561-832-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #