· · · · ·	MENT # 19900	····	RT (U	BR)					0000002
DOCUMENT # L9900008425 1. Entity Name EVERGREEN FLORIDA HOMES, L.L.C.						FILED SECRETARY OF ST DIVISION OF CORPORT	ATE		16.1
EvenGhi	een florida homes, c.c.	0.							
Principal Place of Business Mailing Address						00 AUG - 7 AM 10:	· 02		
200 East Hig Lebanon Mc	P.O. BOX 1600 LEBANON MO 65536				$\sim$	$\mathcal{A}$			
2 Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE /				
City & State		City & State			4. FEI Number Applied For				1
		Zip Country			Not Applicable				1
Zip	Country				5. Certificate of Status Desired Status Desired Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
BUCHBINDER & ELEGANT, P.A. 46 SW FIRST STREET, SUITE 400				Street Address (P.O. Box Number is Not Acceptable)					
46 SW FI MIAMI FL									1
			City	City FL Zip Code					
8. The above	e named entity submits this statement for	the purpose of changing its	registered offic	ce or registere	ed agent,	or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent	signature required	when reinstat	ing)	DATE		
		FILE NC Make Check Pay	WIII FEE		State				
9.	MANAGING MEMBE	RS/MANAGERS	10.		<u>i</u>	ADDITIONS/CHA	NGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete T EVERGREEN NATIONAL CORPORATION N 200 EAST HIGHWAY 32 LEBANON MO 65536			ess			Change	Addition	CR2E083 (5/00)
TITLE		Delete	TITLE NAME		<u></u>	70000335	-4 1 10 hange		ß
STREET ADDRESS				iess	-08/14/0001013001 *****50.00 *****50.00				
title Name		Delete	TITLE NAME				Change	Addition	
STREET ADDRESS	- <u></u> -	- * *	STREET ADDR	ess		ا مستحد میں محمود ا	<del>.</del>		
TITLE NAME		Delete	TITLE				Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDR CITY-ST-ZIP	ESS					
TITLE NAME		Delete	TITLE NAME				Change	Addition	
STREET ADDRESS CITY - ST - ZIP			STREET ADDR CITY-ST-ZIP	ESS					
TITLE NAME			TITLE				Change	Addition	
STREET ADDRESS			STREET ADDR	ESS					
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and ability company or the receiver or trustee	hat my signature shall have the	the exemption	effect as if m	ade unde	roath: that I am a managing n	er certify that the ir nember or manage	nformation r of the	
SIGNAT		12):esequi	orpl	Ileis		07-24-00	417-53	3-3007	l
•	SKIMATURE AND TYPED OF PRIM	TED NAME OF SIGNING MANAGING M	ILMBER OR NAN	WJER		Date	Daytime Phone #		J