


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000000624 1. Entity Name EVEREST EVERGREEN, LLC	
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Principal Place of Business 199 S. LOS ROBLES AVE., #200 PASADENA, CA 91101	Mailing Address 199 S. LOS ROBLES AVE., #200 PASADENA, CA 91101
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DO NOT WRITE IN THIS SPACE



03062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 95-4846074	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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** _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EVEREST RESIDENTIAL PROPERTIES 2, LLC 199 S. LOS ROBLES AVE., #200 PASADENA, CA 91101
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04/10/07-80003-017 50.00

**DO NOT WRITE
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.

EVEREST RESIDENTIAL PROPERTIES 2, LLC, Manager

SIGNATURE: *Christopher Davis* *CHRISTOPHER DAVIS, VP & G.C.* 3/16/07 626-585-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #