## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M0100000624

1. Entity Name

EVEREST EVERGREEN LLC



FILED

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FORETARY OF STATE.

LACULOI	LVLNGNL	LIN, ELO					TALL	AHASSEI	E. FLORII	JA	
Principal Place of Business Mailing Address					1						
199 S. LOS RO PASADENA CA		199 S. LOS ROBLES AVE PASADENA CA 91101									
2. Principal Place of Business 3. Mailing Add 155 N. LAKE AVENUE 155 N				ng Address  N. LAKE AUENUE							
Suite, Apt.	#, etc.		Suite, Apt. #, etc. SUITE 1000				CHECK HERE IF MAKING CHANGES				
City & State PASADENA CA			City & State  PASADEWA	PASADENA, CA			4. FEI Num 45 -4846		IED FOR	<u></u>	plied For t Applicable
Zip Country U.S.A.			91101	Country US.A				te of Status De		\$5.00 Add Fee Require	
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Curren	t Registered Agent	- 22	Name			nd Address of			
FLORIDA FILING & SEARCH SERVICES, INC. 1333 NORTH DUVAL ST. TALLAHASSEE FL 32303					Street Address (P.O. Box Number is Not Acceptable)						
				•	City		HA <del>ss</del> e	 e		FL Zip Code	e 
8. The above the obligation SIGNATURE .	named entity ions of egiste	submits this statement for agent.	for the purpose of changing i	ts register	ed office or	r registere	ed agent, or b	oth, in the State	e of Florida. (	am familiar with,	and accept
SIGNATORE .	Signature, typed o	r printed name of registered agen	nt and title if applicable. (NO	OTE: Registere	ed Agent signati	ure required v	when reinstating)		D	AY .	
		_	Make Check Paya	ble to Fl	FEE IS \$ orida Dep ay 1, 200:	partmen	it of State				
9.		MANAGING MEMB	BERS/MANAGERS	10.			1	ADDIT	TIONS/CHAN	IĞES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete EVEREST RESIDENTIAL PROPERTIES 2, LLC 199 S. LOS ROBLES AVE #440 PASADENA CA 91101				e 16 Eet adoress '-st-zip	/55	est Resi N. LAK	CA 91	JE, SUIT	<b>⊠</b> Change -1E5 2, LLC - 1000	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N 9N 91191	☐ Delete			A	i i	(1 <b>00)</b> 9/03010	4378		Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TIPLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete							☐ Change	Addition
11 Lboroby o	artifu that the	information aumaliad wit	th this filing door not qualify f	or the eve	mption stat	adia Caa	tion 110 07/2	VI) Florido Cto	tutas I furtha	e aastifu that tha im	formation

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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

EVEREST RESIDENTIAL PROFERIES 2, LLC:

EXEMPLEST RESIDENTIAL PROFERIES 2, LLC:

626 505 5920

Daytime Phone #