


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90072 032 ***138.75

DOCUMENT # L05000086842

1. Entity Name
 2990 BISCAYNE BOULEVARD, LLC



Principal Place of Business
 EVERGREEN OVERSEAS HOLDINGS
 407 LINCOLN RD 4-C
 MIAMI BEACH, FL 33139

Mailing Address
 EVERGREEN OVERSEAS HOLDINGS
 407 LINCOLN RD 4-C
 MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #
 Evergreen Overseas Holding
 Suite, Apt. #, etc.
 960 NE 74th St

3. Mailing Address
 Evergreen Overseas Holding
 Suite, Apt. #, etc.
 960 NE 74th St

City & State
 MIAMI FL

City & State
 MIAMI FL


Zip
 33138

Country

Zip
 33138

Country

60019369



03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-3405284

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NAMECHE, DOMINIQUE
 360 NE 74TH ST
 MIAMI, FL 33138

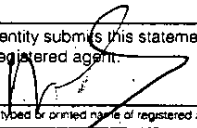
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 960 NE 74th Street

City MIAMI FL Zip Code 33138

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  DATE 04/01/08

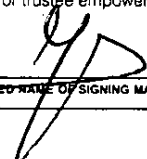
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	UZAN, VICTOR <input type="checkbox"/> Delete	TITLE MGR	UZAN, VICTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 520 BRICKELL KEY DRIVE, STE. O-305	MIAMI, FL 33131	STREET ADDRESS 960 NE 74th St	Miami, FL 33138
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP MIAMI, FL 33138	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE 04/01/08 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE