

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90374 013 ****50.00

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| DOCUMENT # L06000019880 | | | |  | |
| 1. Entity Name EMERSON SQUARE, LLC | | | | | |
| Principal Place of Business 1961 NW 150TH AVENUE SUITE 201 PEMBROKE PINES, FL 33028 | | | Mailing Address 1961 NW 150TH AVENUE SUITE 201 PEMBROKE PINES, FL 33028 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| OCHOA, GEORGE 1851 NW 125TH AVENUE SUITE 312 PEMBROKE PINES, FL 33028 | | | | Name <i>OCHOA, GEORGE</i> | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) <i>1961 NW 150th Ave. S-201</i> | |
| | | | | City <i>Pembroke Pines</i> | |
| | | | | State <i>FL</i> | |
| 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. | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| SIGNATURE <i>[Signature]</i> <u>George Ochoa</u> | | | | DATE <u>4-20-07</u> | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OCHOA, GEORGE 1851 NW 125TH AVENUE - SUITE 312 PEMBROKE PINES, FL 33028 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Ochoa, GEORGE 1961 NW 150th Ave. S-201 Pembroke Pines, FL 33028 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HERRERA, ALBA 3911 SAN SIMEON LANE WESTON, FL 33331 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>[Signature]</i> <u>George Ochoa</u> | | | | DATE <u>4-20-07</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | DAY/LEVE PHONE # <u>954-499-5552</u> | |