

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077550

Entity Name: EMV WHEATFIELD, L.L.C.

FILED  
Apr 27, 2007  
Secretary of State

**Current Principal Place of Business:**

44 BRIARVUE LANE  
PALM COAST, FL 321378741

**New Principal Place of Business:**

**Current Mailing Address:**

44 BRIARVUE LANE  
PALM COAST, FL 321378741

**New Mailing Address:**

FEI Number: 20-5753181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER, WALTER E III  
315 S. PALMETTO AVE.  
DAYTONA BEACH, FL US

**Name and Address of New Registered Agent:**

FOSTER, WALTER E III  
315 S. PALMETTO AVE.  
DAYTONA BEACH, FL 32117 US

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.

SIGNATURE: WALTER E. FOSTER III

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VALENTIK, MARK A  
Address: 44 BRIARVUE LANE  
City-St-Zip: PALM COAST, FL 321378741

Title: MGR ( ) Delete  
Name: VALENTIK, EDWARD A  
Address: 1036 KENNEDY RD.  
City-St-Zip: DAYTONA BEACH, FL 32117

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK A. VALENTIK

MGR

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date