

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003093

FILED  
Feb 25, 2011  
Secretary of State

**Entity Name:** EMERALD PLAZA OF STUART, L.L.C.

**Current Principal Place of Business:**

12000 BISCAYNE BLVD.,  
SUITE #218  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

12000 BISCAYNE BOULEVARD  
SUITE #218  
MIAMI, FL 33181

**Current Mailing Address:**

12000 BISCAYNE BLVD.,  
SUITE #218  
NORTH MIAMI, FL 33181

**New Mailing Address:**

12000 BISCAYNE BOULEVARD  
SUITE #218  
MIAMI, FL 33181

**FEI Number:** 26-1761589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAPIRO, IRA R  
16375 NE 18TH AVENUE, #225  
NORTH MIAMI BEACH, FL 33162 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KORNBLUH, ALAN M TRUSTEE  
Address: 12000 BISCAYNE BLVD., #218  
City-St-Zip: MIAMI, FL 33181

Title: MGRM  
Name: FABIAN, CARL E TRUSTEE  
Address: 12000 BISCAYNE BLVD., #218  
City-St-Zip: MIAMI, FL 33181

Title: MGRM  
Name: SARASOHN, SYLVAN H TRUSTEE  
Address: 12000 BISCAYNE BLVD., #218  
City-St-Zip: MIAMI, FL 33181

Title: MGRM  
Name: MARSHA GREEN AS PERSONAL REPRESENTATIVE  
Address: 12000 BISCAYNE BLVD., #218  
City-St-Zip: MIAMI, FL 33181

I hereby 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: ALAN M. KORNBLUH

MGRM

02/25/2011

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