


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90590 013 \*\*\*\*50.00

**DOCUMENT # L04000027949**

1. Entity Name  
 EM, LLC



Principal Place of Business  
 C/O 7000 W. PALMETTO PARK ROAD  
 SUITE 310  
 BOCA RATON, FL 33433 US

Mailing Address  
 C/O 7000 W. PALMETTO PARK ROAD  
 SUITE 310  
 BOCA RATON, FL 33433 US

20020250

2. Principal Place of Business  
 One N. Federal Hwy.  
 Suite, Apt. #, etc.  
 Ste. 500

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Boca Raton, FL

City & State

Zip  
 33432

Country  
 USA

Zip

Country



02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 20-0988729

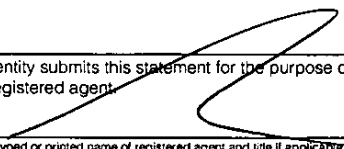
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 MORRIS, STUART R ESQ.  
 7000 W. PALMETTO PARK ROAD  
 SUITE 310  
 BOCA RATON, FL 33433

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 3-10-05


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

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Ed VENTRICE ONE NORTH FEDERAL Highway Suite 500 Boca Raton, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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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

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

SIGNATURE:  DATE 3-9-05 DAYTIME PHONE # 561-362-3201

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