


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90190 025 ***138.75

DOCUMENT # L06000042829					
1. Entity Name EMERALD PLACE, LLC					
Principal Place of Business 1395 BRICKELL AVE. SUITE 900 MIAMI, FL 33131			Mailing Address 1395 BRICKELL AVE. SUITE 900 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 370 Minorca		3. Mailing Address 370 minorca Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Gables		City & State Coral Gables FL		4. FEI Number 20-4770302	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, RICHARD A ESQ. 1395 BRICKELL AVE. SUITE 900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <u>Kimena Berrios</u> Street Address (P.O. Box Number is Not Acceptable): <u>370 Minorca Ave</u> City: <u>Coral Gables</u> FL <u>33134</u>		
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: <u>Kimena Berrios</u> DATE: <u>4.24.08</u> <small>Signatures, typed or printed name of registered agent and date of signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLY, WILLIAM H 4395 BRICKELL AVE. MIAMI FL 33131	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	370 Minorca Ave Coral Gables FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>4.24.08</u> Daytime Phone #: <u>3057770300</u>	