

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2006 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # L00000003815</b>   |  |
| 1. Entity Name<br>SP EMERALD, LLC  |  |
| Principal Place of Business<br>550 MAMMARONECK AVE.<br>SUITE 404<br>HARRISON, NY 10528 | Mailing Address<br>550 MAMMARONECK AVE.<br>SUITE 404<br>HARRISON, NY 10528 |



05192006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>13-4112689   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

U000000566852  
06/06/06-80003-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KAYDEN, BERNARD H<br>10312 SHIRE OAKS LANE<br>BOCA RATON, FL 33498 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEM<br>KAYDEN, MILDRED<br>10312 SHIRE OAKS LANE<br>BOCA RATON, FL 33498    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEM<br>KAYDEN, JEROLD S<br>550 MAMMARONECK AVE.<br>HARRISON, NY 10528      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEM<br>LAMBERT, SANDA K<br>550 MAMMARONECK AVE.<br>HARRISON, NY 10528      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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:** *Handwritten Signature*

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

Date

Daytime Phone #

6/2/06 914/381-1010