

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005839

1. Entity Name

EMERALD POINT ENTERPRISES, L.L.C.



Principal Place of Business

200 EMERALD AVE
LAKE WALES, FL 33853

Mailing Address

4221 N BUFFALO ST
ORCHARD PARK, NY 14127



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2546866

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GACIOCH, WILLIAM T
950 MONTGOMERY RD.
ALTAMONTE SPRINGS, FL 32714

**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 May 1, 2005**

U00000343801
04/29/05-80112-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GACIOCH, WILLIAM T
STREET ADDRESS 4221 N BUFFALO ST
CITY-ST-ZIP ORCHARD PARK, NY 14127

TITLE MGRM
NAME GACIOCH, MICHAEL
STREET ADDRESS 4221 N. BUFFALO ST.
CITY-ST-ZIP ORCHARD PARK, NY 14127

TITLE MGRM
NAME HANNON, KATHERINE
STREET ADDRESS 4221 N. BUFFALO ST.
CITY-ST-ZIP ORCHARD PARK, NY 14127

TITLE MGRM
NAME GACIOCH, DAVID W
STREET ADDRESS 4221 N. BUFFALO ST.
CITY-ST-ZIP ORCHARD PARK, NY 14127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

2/17/05