
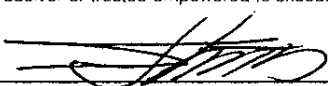


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 08:00 A
Secretary of State

| | | | | | |
|--|-------------------------------------|---------------------|--|---|---|
| DOCUMENT # L00000015330 1. Entity Name E. M. DEVELOPMENT, LLC | | | |  | |
| Principal Place of Business 2930 S.W. 107 AVENUE MIAMI FL 33135 | | | Mailing Address 2930 S.W. 107TH AVE. MIAMI FL 33165 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MARTINEZ, ENRIQUE J SR. 2930 SW 107 AVE MIAMI FL 33165 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| | | | FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | |
| | | | U000000562451 05/19/06-80056-015 50.00 | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE | MGR <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, ENRIQUE SR. | | | NAME | |
| STREET ADDRESS | 2640 S.W. 12 STREET | | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33135 | | | CITY-ST-ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, ENRIQUE JR. | | | NAME | |
| STREET ADDRESS | 2640 S.W. 12 STREET | | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33135 | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/30/06 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |