2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000015606

1. Entity Name

SIGNATURE:

E M I HOLDINGS, LLC



FILED Mar 11, 2003 8:00 am Secretary of State 03-11-2003 90026 048 ****50.00

Oate

						<i>!!</i>					
Principal Place of Business			Mailing Address			\dashv					
1941 NW 33 CT FT LAUDERDALE FL 33309			P.O. BOX 101421 FORT LAUDERDAALE FL 33310								
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			mber 65-1073748	3		oplied For tot Applicable	
Zip	Zip Country		Zip	Zip Count		5. Certific	ate of Status Desired		\$5.00 Ad	ditional	
6. Name and Address of Current Registered Agent						7. Name a	and Address of New Re			eu	
JARMARK, RICHARD					Name				-		
194	1 NW 33 C	T		Street Addres			(P.O. Box Number is Not Acceptable)				
FIL	LAUDERDAI	E FL 33309		,			•				
					City			FL	Zip Coc	de	
8. The above the obligat	named entitions of regist	y submits this statement for ered agent.	or the purpose of changing it	ts register	ed office or regis	stered agent, or	both, in the State of Flor	ida. I am f	amiliar with,	and accept	
SIGNATURE .							-				
	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requ	uired when reinstating)		DATE			
			Make Check Payat	ble to Flo	FEE IS \$50.0 orida Departn ay 1, 2003					ŀ	
9.		MANAGING MEMBE	RS/MANAGERS	10.	<u> </u>		ADDITIONS/C	HANGES			
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NAME STREET ADDRESS	JARMARK, RICHARD 1941 NW 33 CT				E ET ADDRESS					ĺ	
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NAME STREET ADDRESS				NAME]					_	
STREET ADDRESS CITY-ST-ZIP		\sim			T ADDRESS ST-ZIP						
			this filing does not qualify fo that my signature shall have	r the exen	nption stated in S			rther certif	fy that the in	formation	
limited liab	ility company	or the receiver or trustee	empowered to execute this	eport as	required by Cha	pter 608, Florida	ா, எவர் வள் a managing Statutes.	y member	or manager	r or the	