

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 19 PM 4:08

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L01000000047</b><br>1. Entity Name<br><b>EMERALD, LLC</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>5200 VINELAND ROAD<br/>SUITE 200<br/>ORLANDO, FL 32811</b>   |   |  | Mailing Address<br><b>5200 VINELAND ROAD<br/>SUITE 200<br/>ORLANDO, FL 32811</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State   |   |   |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br><b>59-3690523</b>                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$5.00</b> Additional Fee Required                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GUPTA, SURESH<br/>5200 VINELAND ROAD<br/>SUITE 200<br/>ORLANDO, FL 32811</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |   |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and lde if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b>   |   | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   | Make check payable to<br><b>Florida Department of State</b> |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>AGGARWAL, BRAHAM<br>5200 VINELAND ROAD SUITE 200<br>ORLANDO, FL 32811 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 300131634793<br>06/24/08--01043--005 **2437.50              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GUPTA, SURESH<br>5200 VINELAND ROAD SUITE 200<br>ORLANDO, FL 32811    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | Date: <b>6/17/08</b> Daytime Phone #: <b>407-529-3067</b>   |   |  |

6/19/08