2005 LIMITED LIABILITY COMPANY

MANAGING MEMBERS/MANAGERS

MCCLOSKEY, ADRIAN

8660 CRESTGATE CIR

ORLANDO, FL 32819

9. TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Mar 14, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # L01000007785 1. Entity Name EMERALD PROPERTIES, LLC Principal Place of Business Mailing Address 8660 CRESTGATE CIR 8660 CRESTGATE CIR ORLANDO, FL 32819 ORLANDO, FL 32819. 03062005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3746792 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCLOSKEY, ADRIAN M DO NOT WRITE 8660 CRESTGATE CIR ORLANDO, FL 32819 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) Filing Fee is \$50.00 Due by May 1, 2005

U00000253448 03/14/05-80094-015 50.00

Applied For

Not Applicable

DO NOT WRITE 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 1608 year or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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