


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011062 1. Entity Name EMERALD EQUITY, LLC	
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Principal Place of Business 2843 EXECUTIVE PARK AVENUE WESTON, FL 33331	Mailing Address 2843 EXECUTIVE PARK AVENUE WESTON, FL 33331
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01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1221403	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEVY, BRUCE 2843 EXECUTIVE PARK DRIVE WESTON, FL 33331
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**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY, BRUCE 2843 EXECUTIVE PARK DRIVE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, SCOT 2843 EXECUTIVE PARK DRIVE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISBITTS, ROBERT 2843 EXECUTIVE PARK DRIVE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPANO, SAL 2843 EXECUTIVE PARK DRIVE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUDELMAN, ALLAN 2843 EXECUTIVE PARK DRIVE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/05-80035-015 50.00

**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)(i), 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 #

1-14-05 954-385-6764