


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000014205 1. Entity Name EMA ENTERPRISES, LLC |  |
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|--|--|
| Principal Place of Business 5135 WEST CYPRESS AVENUE 104 TAMPA, FL 33607 | Mailing Address 5135 WEST CYPRESS AVENUE 104 TAMPA, FL 33607 |
|--|--|



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3741242 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ZAZZERO, MATTHEW W 5135 WEST CYPRESS AVENUE SUITE 104 TAMPA, FL 33607 |
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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, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ZAZZERO, MATTHEW W 5135 WEST CYPRESS AVENUE TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NAMEY, MICHAEL 5135 WEST CYPRESS AVENUE TAMPA, FL 33607 |
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01/11/07-80052-001 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

**MICHAEL NAMEY
(MGR)**

1-8-07

813-288-0800