## 2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

DOCUMENT # L01000019846

1. Entity Name EMILY PROPERTIES 2, LLC



Mailing Address

Principal Place of Business 333 NE 23RD ST BOCA RATON, FL 33431

SIGNATURE:

333 NE 23RD ST BOCA RATON, FL 33431

**FILED** Feb 14, 2005 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number			Applied For
NOT APPLICABLE	_		Not Applicable
5. Certificate of Status Desired		\$5.00	) Additional

6. Name and Address of Current Registered Agent

LANZARO, THEODORE D JR 1900 CORPORATE BLVD., SUITE 300 EAST BLDG BOCA RATON, FL 33484

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2005	,	000000229609 02/15/05-80005-005 <b>50.00</b>
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM SIMPSON, RICHARD S 333 NE 23RD STREET BOCA RATON, FL 33431		der accession of the contract
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing thes not on this report is true and accurate and that my signature sha bility company or the receiver or trustee on powered to exec	ualify for the exemption stated in Section 119,07(3)(i) all have the same legal effect as if made under oath; ute this report as required by Chapter 608, Florida S	, Florida Statutes. I further certify that the information that I am a managing member or manager of the latutes.