

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90154 045 \*\*\*\*50.00

DOCUMENT # L01000020937

1. Entity Name

255EM L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20505 US HWY 19 N.

Suite, Apt. #, etc.

SUITE 502

City & State  
CLEARWATER, FL

Zip  
33764

Country  
USA

3. Mailing Address

20505 US HWY. 19 N.

Suite, Apt. #, etc.

SUITE 502

City & State  
CLEARWATER, FL

Zip  
33764

Country  
USA

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4. FEI Number

389-50-6529

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name ELLIOTT M. ROSS

Street Address (P.O. Box Number is Not Acceptable)

20505 US HWY. 19 N., SUITE 502

City CLEARWATER

FL

Zip Code  
33764

**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.

SIGNATURE

ELLIOTT M. ROSS

4/6/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
ELLIOTT M. ROSS  
20505 US HWY. 19 N. #502  
CLEARWATER, FL 33764

TITLE  
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CITY-ST-ZIP

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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:

ELLIOTT M. ROSS 4/6/02 727-725-2800

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

Date

Daytime Phone #

CR2E083B (12/01)