


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020937	
1. Entity Name 255EM L.L.C.	

Principal Place of Business 3001 EXECUTIVE DR STE 250 CLEARWATER, FL 33762-5324 US	Mailing Address 3001 EXECUTIVE DRIVE SUITE 250 CLEARWATER, FL 33762-5324
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04162005No Chg-LLC CR2E083 (10/03)

4. FEI Number 38-9506529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, ELLIOTT M
 3001 EXECUTIVE DR STE 250
 CLEARWATER, FL 33762-5324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROSS, ELLIOT M
STREET ADDRESS	3001 EXECUTIVE DR STE 250
CITY-ST-ZIP	CLEARWATER, FL 337625324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 4-16-05 727-725-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #