


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**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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**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-LLC      CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

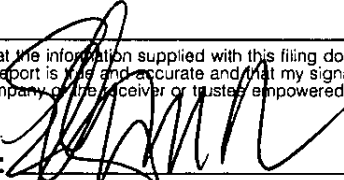
U00000872856  
 04/10/08-80054-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS, ELLIOT M 3001 EXECUTIVE DR STE 250 CLEARWATER, FL 337625324
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**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:**  **ELLIOTT M. ROSS**      **3-24-08**      **727-725-2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #