

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90233 028 \*\*\*\*50.00

0060090

**DOCUMENT # L01000020937**

1. Entity Name

255EM L.L.C.



Principal Place of Business

20505 U. S. HWY 19 N  
502  
CLEARWATER FL 33764  
US

Mailing Address

3001 EXECUTIVE DRIVE  
SUITE 250  
CLEARWATER FL 33762-5324

2. Principal Place of Business

3001 Executive DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 250

City & State

City & State

Clearwater, FL

4. FEI Number **38-9506529**

Applied For

Not Applicable

Zip  
33762-5324

Country  
USA

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROSS, ELLIOTT M  
20505 U. S. HWY 19 N  
502  
CLEARWATER FL 34764

7. Name and Address of New Registered Agent

Name

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

3001 Executive DR., Suite 250

City

Clearwater

FL

Zip Code

33762-5324

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

Elliott M. Ross

3-27-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  Delete  
NAME **ROSS, ELLIOT M**  
STREET ADDRESS **20505 US HWY 19N #502**  
CITY-ST-ZIP **CLEARWATER FL 33764**

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
NAME  
STREET ADDRESS **3001 Executive Dr., Suite 250**  
CITY-ST-ZIP **Clearwater, FL 33762-5324**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

3-27-03

727-725-2800

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

Date

Daytime Phone #

CR2E083 (10/02)