2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90107 016 ***150.00

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1. Entity Name
EMMA PROPERTIES, LLC

Principal Place of Business
~~250 A1A NORTH, STE. 5~~ *
PONTE VEDRA BEACH, FL 32082

Mailing Address
~~250 A1A NORTH, STE. 5~~ *
PONTE VEDRA BEACH, FL 32082

* change to: 232 Ponte Vedra Park Dr.

DO NOT WRITE IN THIS SPACE

01132005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0145307
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~CRAWFORD, JOHN R~~
~~225 WATER ST., STE. 900~~
~~JACKSONVILLE, FL 32202~~
DAVID T HARVEY
232 Ponte Vedra Dr N
Ponte Vedra Beach FL
32082

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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 ✓ David T Harvey 1/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARVEY, DAVID T
STREET ADDRESS	250 A1A NORTH, STE. 5
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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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: ✓ David T Harvey ✓ 1/18/05 (904) 285-7546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #