

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006652

Entity Name: EMERGENTS, LLC

FILED
Feb 12, 2007
Secretary of State

Current Principal Place of Business:

18442 SW 92ND CT
MIAMI, FL 33157

New Principal Place of Business:

11767 S. DIXIE HWY
#148
PINECREST, FL 33156

Current Mailing Address:

18442 SW 92ND CT
MIAMI, FL 33157

New Mailing Address:

11767 S. DIXIE HWY
#148
PINECREST, FL 33156

FEI Number: 02-0570629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQ. BLVD.
SUITE 101
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRIDGES, JAMES III
Address: 18442 SW 92ND CT
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: CHALLENGER, CHRISTOPHER
Address: 110 N. 32ND AV
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRIDGES, JAMES III
Address: 11767 S. DIXIE HWY #148
City-St-Zip: PINECREST, FL 33156

Title: MGRM (X) Change () Addition
Name: CHALLENGER, CHRISTOPHER
Address: 210 N. 32ND AV
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES E. BRIDGES III

MGRM

02/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date