


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000008219 1. Entity Name EMM ENTERPRISES TWO, LLC	
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Principal Place of Business 5001 N.W. 72 AVE MIAMI, FL 33166	Mailing Address 5001 N.W. 72 AVE MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0567415	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

BEN-DAVID, MIKE
5001 N.W. 72 AVE
MIAMI, FL 33166

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

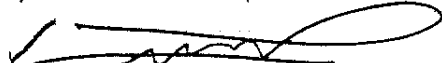
**Filing Fee is \$50.00
Due by May 1, 2004**

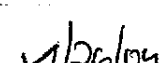
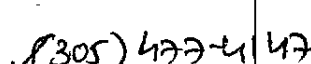
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIKE, BEN BAID 5201 NW 72 AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RITTON, AHARON 5201 NW 72 AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000066331
02/26/04-80014-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

 
Date Daytime Phone #