## 2006 LIMITED LIABILITY COMPANY

## Feb 20, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L02000008219** 02-20-2006 90141 030 \*\*\*\*50.00 EMM ENTERPRISES TWO, LLC Principal Place of Business Mailing Address 5001 N.W. 72 AVE 5001 N.W. 72 AVE MIAMI, FL 33166 MIAM!, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 02-0567415 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEN-DAVID, MIKE Street Address (P.O. Box Number is Not Acceptable) 5001 N.W. 72 AVE MIAMI, FL 33166 Zip Code City FL 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 чинео чирцій сомочій о, фаль с Mar Children Children Co. . British Children Children Bank (1943 Make check payable to 37 316 125 and 205 Florida Department of State (198). in the constant of the second - mire dien au faloge Lichnigen, Sec. 25-34 MANAGING MEMBERS/MANAGERS 10. as toler fo ADDITIONS/CHANGES TITLE TITLE? ☐ Change ☐ Addition Delete MIKE, BEN BAID NAME. NAME STREET ADDRESS 5001 NW 72 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition RITTON, AHARON NAME NAME STREET ADDRESS 5001 NW 72 AVE STREET ADDRESS CITY-ST-7IP MIAMI, FL 33166 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Detete TITLE TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 🚅 CITY-ST-ZIP

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.

TITEF

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

بالمستشاء الروزاق ATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

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