


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90088 011 ****50.00

DOCUMENT # L02000008219 1. Entity Name EMM ENTERPRISES TWO, LLC			
Principal Place of Business 5001 N.W. 72 AVE MIAMI, FL 33166		Mailing Address 5001 N.W. 72 AVE MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 	
Suit 2601 B N W 104TH CT City MIAMI FL 33172 Zip 		2601 B N W 104TH CT MIAMI FL 33172 Zip 	
Country 		Country 	
4. FEI Number 02-0567415		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name (Not Acceptable) 2601 B N W 104TH CT MIAMI FL 33172 City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIKE, BEN BAID 5001 NW 72 AVE MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 B N W 104TH CT MIAMI FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RITTON, AHARON 5001 NW 72 AVE MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ritton, Aharon 2601 B N W 104TH CT MIAMI FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 6/12/07 (305) 477-4147 Daytime Phone # 227	