


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90360 026 \*\*\*\*50.00

<b>DOCUMENT # L02000015718</b>					
<b>1. Entity Name</b> <b>EMUSEUMS, LLC</b>					
<b>Principal Place of Business</b> 28 W PARK AVE LAKE WALES, FL 33853 US			<b>Mailing Address</b> P.O. BOX 186 LAKE WALES, FL 33859 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>04192007 Chg-LLC CR2E083 (12/06)</b>	
Zip		Country		<b>4. FEI Number</b> <b>43-1965075</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  GALT INTERNATIONAL, INC. 28 W PARK AVE LAKE WALES, FL 33853			<b>7. Name and Address of New Registered Agent</b> Name <u>WARDA, L.C.</u> Street Address (P.O. Box Number is Not Acceptable) <u>28 W PARK AVE</u> City <u>LAKE WALES</u> <b>FL</b> Zip Code <u>33853</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <b>MANAGER</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/20/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALT INTERNATIONAL, INC. 28 W PARK AVE LAKE WALES, FL 33853		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <b>PRESIDENT/MANAGING MEMBER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/20/07</u>		Daytime Phone # <u>863-678-0011</u>