

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90011 026 ****50.00

DOCUMENT # L02000017946

1. Entity Name

EMERSON VERO BEACH, LLC



Principal Place of Business

**3355 OCEAN DRIVE
VERO BEACH FL 32963**

Mailing Address

**3355 OCEAN DRIVE
VERO BEACH FL 32963**

2. Principal Place of Business

3312 Paper Mill Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 400

Suite, Apt. #, etc.

City & State

Phoenix, MD

City & State

Phoenix, MD 21131

4. FEI Number

52-1058496

Applied For

☐ Not Applicable

Zip
21131

Country

Baltimore

Zip

21131

Country

Baltimore

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, WILLIAM J
3355 OCEAN DRIVE
VERO BEACH FL 32963**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOORE, RICHARD A
3355 OCEAN DRIVE
VERO BEACH FL 32963** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Moore, Richard A.
P.O. Box 400, 3312 Paper Mill Road
Phoenix, MD 21131** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

3/25/03

410-667-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)