2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000030240

1. Entity Name
EMS ENTERPRISES, LLC

Principal Place of Business	Mailing Address
9214 PINE ISLAND COURT TAMPA, FL 33647	9214 PINE ISLAND COURT TAMPA, FL 33647

04102007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3088579
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H ESQ.
C/O HINES, NORMAN, HINES & SULLIVAN, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606

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

Filing Fee is $50.00
Due by May 1, 2007

U00000724089
05/02/07-80098-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RATTES, MAX F
STREET ADDRESS	9214 PINE ISLAND COURT
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGR
NAME	RATTES, DORA B
STREET ADDRESS	9214 PINE ISLAND COURT
CITY-ST-ZIP	TAMPA, FL 33647
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	

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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: MRatts MAX F. RATTES 04/16/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #