


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031468 1. Entity Name EMMER INVESTMENTS, L.L.C.	
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Principal Place of Business 2801 SW ARCHER RD. GAINESVILLE, FL 32608	Mailing Address 2801 SW ARCHER ROAD GAINESVILLE, FL 32608
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1662037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORT RD., BLDG. 100 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGRIFF, LORI E MGRM 2801 SW ARCHER ROAD GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EMMER, PHILIP I MGRM 2801 SW ARCHER ROAD GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EMMER, BARBARA L MGRM 2801 SW ARCHER ROAD GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000035465 02/06/04-80020-005 50.00</p> DO NOT WRITE IN THIS SPACE

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: <u>Lori E. McGriff</u> Lori E. McGriff <u>2/2/04</u>	<small>Signature and typed or printed name of signing managing member, or authorized representative</small>	<small>Date</small>	<small>Daytime Phone #</small>
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