

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000031468

FILED
Apr 28, 2003
Secretary of State

Entity Name: EMMER INVESTMENTS, L.L.C.

Current Principal Place of Business:

2801 SW ARCHER RD.
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

2801 SW ARCHER ROAD
GAINESVILLE, FL 32608

FEI Number: 06-1662037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MCGRIFF, LORI E MGRM
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Change (X) Addition
Name: EMMER, PHILIP I MGRM
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Change (X) Addition
Name: EMMER, BARBARA L MGRM
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LORI E. MCGRIFF

MGMR

04/28/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date