

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000033546

1. Entity Name

EMF I, LLC



FILED

2004 DEC -3 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2401 PGA BOULEVARD, SUITE 155  
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BOULEVARD, SUITE 155  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite

City

Zip

2979 PGA Blvd.  
Palm Beach Gardens, FL 33410

2979 PGA Blvd.  
Palm Beach Gardens, FL 33410



MOORE

CR2E083 (4/04)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

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

ADAMS, SANDRA  
2401 PGA BOULEVARD, SUITE 155  
PALM BEACH GARDENS FL 33410

Name

Street Address

City

Sandra Adams  
2979 PGA Blvd.  
Palm Beach Gardens, FL 33410

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME FAGO, ELIZABETH M  
STREET ADDRESS 2401 PGA BOULEVARD, SUITE 155  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2979 PGA Boulevard  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

ELIZABETH FAGO

8/31/04

Date

Daytime Phone #