## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L02000033546

1. Entity Name EMF I, LLC



Principal Place of Business

2979 PGA BLVD PALM BEACH GARDENS, FL 33410 Mailing Address

2979 PGA BLVD

PALM BEACH GARDENS, FL 33410

### FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90048 004 \*\*\*\*50.00

4002020C



01062006 No Chg-LLC

CR2E083 (11/05)

 4. FEI Number
 Applied For

 54-2106814
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

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<ol><li>The above named entity submits this statement for the purpose of characteristics of registered agent.</li></ol>	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE Registered Apent signature required when reinstating)	DATE

#### Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
NE. F	MGRM
DAME	FAGO, ELIZABETH M
STREET ADDRESS	2979 PGA BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	WALCZAK, PAUL M
STREET ADDRESS	2979 PGA BLVD
CITY-\$T-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	STEIER, E JOSEPH
STREET ADDRESS	2979 PGA BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
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 filling 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:
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #