2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# L02000033546

Entity Name: EMF I, LLC

Current Principal Place of Business:

2979 PGA BLVD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2979 PGA BLVD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

PO BOX 31809
PALM BEACH GARDENS, FL 33420

FEI Number: 54-2106814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Title:	MGRM	( ) Delete
Name:	FAGO, ELIZABETH M	
Address:	2979 PGA BLVD	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	MGRM	( ) Delete
Name:	WALCZAK, PAUL M	
Address:	2979 PGA BLVD	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	MGRM	( ) Delete
Name:	STEIER, E JOSEPH	
Address:	2979 PGA BLVD	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAUL M WALCZAK MGRM 03/31/2008

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