


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90133 016 ****55.00

DOCUMENT # L03000007387			
1. Entity Name EMERALL, LLC			
Principal Place of Business 300 EAST ALEXANDER PALM DRIVE BOCA RATON FL 33432 <i>300 Alexander Palm</i>		Mailing Address 300 EAST ALEXANDER PALM DRIVE BOCA RATON FL 33432	
2. Principal Place of Business <i>800 Alexander Palm Rd</i>		3. Mailing Address <i>40 Gilbert Rd MINNIELEN 300 Alexander Palm Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Boca Raton, FL</i>		City & State <i>Boca Raton, FL 33432</i>	
4. FEI Number <i>34-1269830</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		MOORE CR2E083 (4/04)	
6. Name and Address of Current Registered Agent APPLEBY, HOMER P 3245 SAINT JAMES DRIVE BOCA RATON FL 33434		7. Name and Address of New Registered Agent Name <i>Homer P. Appleby</i> Street Address (P.O. Box Number is Not Acceptable) <i>2622 NW 49th St</i> City <i>Boca Raton</i> FL Zip Code <i>33432</i>	
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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR GILBERT H. HINCHEN 800 ALEXANDER PALM RD BOCA RATON, FL 33432</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR DAVID RALEIGH 4854 BUCLAZ RD BOUNTON BEACH, FL</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR Joseph H. Feuer 4101 N. Ocean Blvd BOCA RATON, FL 33431</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Gilbert H. Hinch</i>		Date <i>8-9-04</i> 561-393-3964	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	