


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000008979</b> 1. Entity Name <b>EMERALD WESTERN DEVELOPMENT L.L.C.</b>	
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**FILED**  
**Jul 25, 2008 08:00 AM**  
 Secretary of State

Principal Place of Business <b>4000 ISLAND BLVD.                  2904                  AVENTURA, FL 33160</b>	Mailing Address <b>4000 ISLAND BLVD.                  2904                  AVENTURA, FL 33160</b>
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07172008No Chg-LLC      CR2E083 (12/07)

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4. FEI Number <b>20-0631780</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HASKIN, EUGENE                  4000 ISLAND BLVD S 2904                  NORTH MIAMI BEACH, FL 33160</b>	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when retreating)

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.      U00000956297  
 07/25/08-80002-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	HASKIN, EUGENE
STREET ADDRESS	4000 ISLAND BLVD. STE 2904
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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:** Eugene Haskin    **EUGENE HASKIN**    7/21/08    970-259573  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #