


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000010861 1. Entity Name SYMPHONY BUILDERS AT EMERALD PLACE, LLC	
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Principal Place of Business 1700 NORTH UNIVERSITY DRIVE SUITE 302 BOCA RATON, FL 33071	Mailing Address 1700 NORTH UNIVERSITY DRIVE SUITE 302 BOCA RATON, FL 33071
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03222005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0604248	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROTHENBERG, LARRY A 815 CORAL RIDGE DRIVE POMPANO BEACH, FL 33071
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DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SYMPHONY BUILDERS AT EMERALD PLACE, INC 1700 NORTH UNIVERSITY DRIVE SUITE 302 CORAL SPRINGS, FL 33071
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<p>000000336115 04/27/05-80115-007 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/05 954-341-1499