


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2004 90414 012 ****55.00

DOCUMENT # L03000012833 1. Entity Name EMC HOME BUYERS, LLC					
Principal Place of Business 420 NW 70 AVE 125 PLANTATION, FL 33317 US			Mailing Address 420 NW 70 AVE 125 PLANTATION, FL 33317 US		
2. Principal Place of Business 521 N. University Dr. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 16731 Suite, Apt. #, etc.			
City & State Plantation, FL		City & State Plantation, FL			
Zip 33324		Country USA		Zip 33318	
Country USA		4. FEI Number 20-0065351			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ASCH, MARKUS 420 NW 70 AVE 125 PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name Markus ASCH Street Address (P.O. Box Number is Not Acceptable) 521 N. University Dr. City Plantation		
State FL			Zip Code 33324		
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 Markus Asch (MARKUS ASCH) DATE 4/13/04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASCH, MARKUS 420 NW 70 AVE 125 PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASCH, Markus 521 N. University Dr. Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELON-ASCH, ESTELA 420 NW 70 AVE 125 PLANTATION, FL 33317	<input checked="" 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	MGR GIANNOTTI, CHRISTIAN P.O. BOX 191635 MIAMI, FL 33119	<input checked="" 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"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: Markus Asch (MARKUS ASCH)			Date 4/13/04		Daytime Phone # 754-246-5496