## **\*2004**\*EIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L03000020188

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

## ELECTRONIC MANAGEMENT INFORMATION SYSTEMS. LLC \_\_ ~~

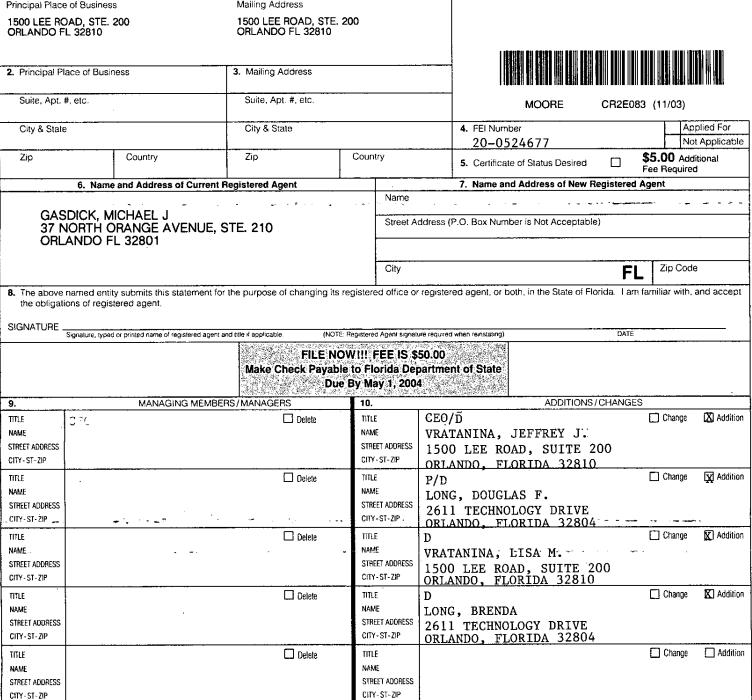
Principal Place of Business

Mailing Address



FILED		
Mar 02, 20	004 8:00	am
Secretary of State		

03-02-2004 90142 011 \*\*\*\*50.00



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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JEFFREY J. VRATANINA 2/24/04

(407) 523-0000

☐ Change

☐ Addition

Daytime Phone #