

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90056 017 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                 |                                                                   |                                                                                   |                                                                   |
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| <b>DOCUMENT # L03000023038</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                 |                                                                   |  |                                                                   |
| 1. Entity Name<br><b>EMS INVESTMENTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                 |                                                                   |                                                                                   |                                                                   |
| Principal Place of Business<br><b>246 6TH ST.<br/>BONITA SPRINGS FL 34134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                 | Mailing Address<br><b>246 6TH ST.<br/>BONITA SPRINGS FL 34134</b> |                                                                                   |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                 | 3. Mailing Address                                                |                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                 | Suite, Apt. #, etc.                                               |                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                 | City & State                                                      |                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                           | Zip                             | Country                                                           | 4. FEI Number<br><b>42-1597465</b>                                                |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                 |                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                 |                                                                   | 1st MOORE CR2E083 (10/04)                                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>FOWLER WHITE BOGGS BANKER P.A.<br/>5811 PELICAN BAY BLVD, STE 600<br/>NAPLES FL 34108</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                 | 7. Name and Address of New Registered Agent                       |                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                 | Name                                                              |                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                 | Street Address (P.O. Box Number is Not Acceptable)                |                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                 | City                                                              |                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                 | FL Zip Code                                                       |                                                                                   |                                                                   |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                 |                                                                   |                                                                                   |                                                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                 |                                                                   |                                                                                   |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                 | 10. ADDITIONS/CHANGES                                             |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>SORIERO, MAYRA R<br>246 6TH ST.<br>BONITA SPRINGS FL 34134 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                 | 3/1/05 239-948-2444                                               |                                                                                   |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                 | Date Daytime Phone #                                              |                                                                                   |                                                                   |