2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

04-02-2008 90152 031 ***138.75

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02022008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000032596

1. Entity Name
EMERGENT GROWTH FUND, LLC

Principal Place of Business	Mailing Address
101 SE 2ND PLACE 201C GAINESVILLE, FL 32601	101 SE 2ND PLACE 201C GAINESVILLE, FL 32601
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 26-0071590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GLEIM, GARRETT W
101 SE 2ND PLACE
201C
GAINESVILLE, FL 32601

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, RICHARD R MGRM 101 SE 2ND PLACE, SUITE 201A GAINESVILLE, FL 32601	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kathleen Lovell 101 SE 2nd place Suite 201C Gainesville FL 32601	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, LEE CHAIR 101 SE 2ND PLACE, SUITE 201C GAINESVILLE, FL 32601	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alan S. Fogg 3715 NW 97th Blvd., Suite A Gainesville, FL 32606	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Mgr Alan S. Fogg Jr. 3/31/08 352-333-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #