

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90078 006 \*\*\*\*55.00

**DOCUMENT # L03000033095**

1. Entity Name  
**EMERALD CAPITAL MANAGEMENT, LLC**



Principal Place of Business  
**5200 TOWN CENTER CIRCLE TOWER 1  
STE. 308  
BOCA RATON, FL 33486**

Mailing Address  
**5200 TOWN CENTER CIRCLE TOWER 1  
STE. 308  
BOCA RATON, FL 33486**

**24001130**



2. Principal Place of Business		3. Mailing Address		04062004	Chg-LLC	CR2E083 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	13-4265518	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHELKOWSKI, MAREK D 5200 TOWN CENTER CIRCLE TOWER 1 STE. 308 BOCA RATON, FL 33486		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**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 CHELKOWSKI, MAREK D 5200 TOWN CENTER CIRCLE TOWER 1 BOCA RATON, FL 33486 <input 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"/> 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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Marek D. Chelkowski APRIL 23, 2004 561-391-4814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #