

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038588

FILED
Mar 31, 2008
Secretary of State

Entity Name: EMMA STREET, LLC

Current Principal Place of Business:

401-H EMMA STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

C/O MATTHEWS & CO., LLP
270 MADISON AVENUE, 16TH FLOOR
NEW YORK, NY 10016 US

New Mailing Address:

FEI Number: 90-0118899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDENAS, SUSAN M ESQ.
221 SIMONTOM STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

LEAR, ELIZABETH
2903 HARRIS AVENUE
KEY WEST, FL 33040 US

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.

SIGNATURE: ELIZABETH LEAR

03/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLAKE, INDIA
Address: 270 MADISON AVENUE 16TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: MGR () Delete
Name: MATTHEWS, ROBERT
Address: 270 MADISON AVENUE 16TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: LEAR, ELIZABETH
Address: 2903 HARRIS AVENUE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT MATTHEWS

MGR

03/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date