

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2004 90078 005 ****55.00

DOCUMENT # L03000039273



1. Entity Name
EMERALD CAPITAL ADVISORS, LLC

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

Mailing Address
5200 TOWN CENTER CIRCLE
TOWER 1, SUITE 308
BOCA RATON, FL 33486

24061146



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number 77-0611273

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

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, SUITE 308
BOCA RATON, FL 33486

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

**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

MGRM
CHELKOWSKI, MAREK D
5200 TOWN CENTER CIRCLE
BOCA RATON, FL 33486

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 #

MAREK D. CHELKOWSKI