

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056502

**FILED**  
**Apr 21, 2004**  
**Secretary of State**

**Entity Name:** EMTZ, L.L.C.

**Current Principal Place of Business:**

7791 BELFORT PKWY  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

7791 BELFORT PKWY  
SUITE 100  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7791 BELFORT PKWY  
JACKSONVILLE, FL 32256

**New Mailing Address:**

7791 BELFORT PKWY  
SUITE 100  
JACKSONVILLE, FL 32256

**FEI Number:** 20-0554006

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

SCHNEIDER, MICHAEL N  
5150 BELFORT RD, BLDG 100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: HOROVITZ, ELLIOTT  
Address: 7791 BELFORT PARKWAY, SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELLIOTT HOROVITZ

MGRM

04/21/2004

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