2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008733

Entity Name: EMTZ 2, L.L.C.

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7791 BELFORT PKWY 9310 OLD KINGS RD S, SUITE 702 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

7791 BELFORT PKWY 9310 OLD KINGS RD S, SUITE 702 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32257

FEI Number: 20-0690868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHNEIDER, MICHAEL N
5150 BELFORT RD, BLDG 100

JACKSONVILLE, FL 32256 US

WALLACE, MICHAEL J
9310 OLD KINGS RD S, SUITE 702
JACKSONVILLE, FL 32257 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: MICHAEL J WALLACE 04/18/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition WALLACE, MICHAEL J HOROVITZ, ELLIOTT Name: Name: 7791 BELFORT PARKWAY Address: 9310 OLD KINGS RD S, SUITE 702 Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete Title: MGRM () Change (X) Addition Name: BUSHONG, ZACHORY R Address: Address: 9310 OLD KINGS RD S, SUITE 702 City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete Title: MGRM () Change (X) Addition

Name: BONE, TIMOTHY R

 Address:
 Address:
 9310 OLD KINGS RD S, SUITE 702

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32257

Title: () Delete Title: MGRM () Change (X) Addition
Name: WALLACE, MICHAEL J

 Name:
 Name:
 WALLACE, MICHAEL J

 Address:
 Address:
 9310 OLD KINGS RD S, SUITE 702

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J WALLACE MGRM 04/18/2006