

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014516

Entity Name: EMERALD SOLUTIONS, LLC

FILED
Jan 20, 2006
Secretary of State

Current Principal Place of Business:

610 SW 99TH AVENUE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

610 SW 99TH AVENUE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 20-0786144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, MICHAEL A
2514 HOLLYWOOD BLVD., SUITE 508
HOLLYWOOD, FL 33020 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/MANAGERS:

Title: MGRM () Delete
Name: MY AUDITIONS, INC.,
Address: 610 SW 99TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: SIMCO GROUP, INC.,
Address: 610 SW 99TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: EMERALD PROPERTIES,, INC.
Address: 610 SW 99TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: ESCOL GROUP, INC,
Address: 1317 GARFIELD STREET
City-St-Zip: HOLLYWOOD, FL 33019

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: JOHN H. SIMON

TRS

01/20/2006

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