

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-03-2006 90076 016 ****50.00

DOCUMENT # L04000022219

1. Entity Name
EMERALD COMMERCIAL & ADVISOR GROUP, LLC



Principal Place of Business
**1102 S FLORIDA AVE
LAKELAND, FL 33803 US**

Mailing Address
**PO BOX 2898
LAKELAND, FL 33806**

30000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number **16-7756315**
APPLIED FOR

☒ Applied For
☐ Not Applicable

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

**EMERALD FINANCIAL, LLC
1102 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803**

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's signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
NAME **LEE, CURTIS WILLIAM SR.**
STREET ADDRESS **110 SOUTH FLORIDA AVENUE**
CITY- ST- ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **MGRM** ☐ Delete
NAME **LEE, MEERELL O**
STREET ADDRESS **1102 SOUTH FLORIDA AVENUE**
CITY- ST- ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **MGRM** ☐ Delete
NAME **LEE, CURTIS WILLIAM JR.**
STREET ADDRESS **1102 SOUTH FLORIDA AVENUE**
CITY- ST- ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/30/06 863 687-5858
Date Daytime Phone #