

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20020362

DOCUMENT # L04000027959			
1. Entity Name EMMS, LLC			
Principal Place of Business C/O 7000 W. PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433 US		Mailing Address C/O 7000 W. PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433 US	
2. Principal Place of Business <i>One N. Federal Hwy.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Ste. 500</i>		Suite, Apt. #, etc.	
City & State <i>Boca Raton, FL</i>		City & State	
Zip <i>33432</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <i>20-0988641</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MORRIS, STUART R ESQ. 7000 W. PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent 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 <i>[Signature]</i> DATE <i>3-10-05</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <i>ED VENTRILE One North Federal Highway, Suite 500 Boca Raton, FL 33432</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>[Signature]</i> DATE <i>3-9-05</i> 561-362-3201 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			