




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90047 003 ****50.00

DOCUMENT # L04000037404					
1. Entity Name EMERSON OAKS, LLC					
Principal Place of Business 817 LASALLE STREET JACKSONVILLE, FL 32207			Mailing Address 817 LASALLE STREET JACKSONVILLE, FL 32207		
2. Principal Place of Business 1817 ATLANTIC BLVD		3. Mailing Address 1817 ATLANTIC BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202005 Chg-LLC CR2E083 (10/03)	
City & State JACKSONVILLE FL		City & State JAX. FL		4. FEI Number 20-1134079	
Zip 32207		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IBACH, JOHN R 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____	_____		MGRM RICHARD E. COOK 1817 ATLANTIC BLVD. JAX., FL 32207	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 			4.21.05 904.346-0017		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		