


FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90101 002 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT# L04000044276 1. Entity Name EMMAUS PUBLISHING, LLC	
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Principal Place of Business 5301 NORTH FEDERAL HIGHWAY 207 BOCA RATON, FL 33487	Mailing Address 5301 NORTH FEDERAL HIGHWAY 207 BOCA RATON, FL 33487
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20011649



2. Principal Place of Business 5301 N Federal Hwy Suite, Apt. #, etc. Suite 270	3. Mailing Address 5301 N Federal Hwy Suite, Apt. #, etc. Suite 270
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02082005 Chg-LLC CR2E083(10/03)

City & State Boca Raton, FL Zip 33487	City & State Boca Raton, FL Zip 33487
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4. FEIN Number 51-0529434	<input type="checkbox"/> 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 COCORES, JAMES 5301 NORTH FEDERAL HIGHWAY 207 BOCA RATON, FL 33487

7. Name and Address of Now Registered Agent Name COCORES, JAMES M.D. Street Address (P.O. Box Number is Not Acceptable) 5301 N Federal Hwy Suite 270 City Boca Raton FL Zip Code 33487
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8. The abovenamed 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-instating)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM <input type="checkbox"/> Delete NAME COCORES, JAMES STREET ADDRESS 5301 NORTH FEDERAL HIGHWAY, SUITE 207 CITY - ST - ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME COCORES, JAMES M.D. STREET ADDRESS 5301 N Federal Hwy, suite 270 CITY - ST - ZIP Boca Raton, FL 33487	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **JAMES COCORES** **2/17/05** **561-386-7870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#