


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

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

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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



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

City & State <b>Boca Raton, FL</b> Zip <b>33487</b>	City & State <b>Boca Raton, FL</b> Zip <b>33487</b>
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4. FEIN Number <b>51-0529434</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>COCORES, JAMES</b> <b>5301 NORTH FEDERAL HIGHWAY</b> <b>207</b> <b>BOCA RATON, FL 33487</b>
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<b>7. Name and Address of Now Registered Agent</b> Name <b>COCORES, JAMES M.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5301 N Federal Hwy</b> <b>Suite 270</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

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

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

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

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