

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044276

FILED
Apr 26, 2008
Secretary of State

Entity Name: EMMAUS PUBLISHING, LLC

Current Principal Place of Business:

5301 NORTH FEDERAL HIGHWAY
SUITE 270
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5301 NORTH FEDERAL HIGHWAY
SUITE 270
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 51-0529434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCORES, JAMES
5301 NORTH FEDERAL HIGHWAY
SUITE 270
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COCORES, JAMES
Address: 5301 NORTH FEDERAL HIGHWAY SUITE 270
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: COCORES, ELENI
Address: 5301 NORTH FEDERAL HIGHWAY SUITE 270
City-St-Zip: BOBA RATON, FL

Title: MGR () Delete
Name: COCORES, ALEXANDRA
Address: 5301 NORTH FEDERAL HIGHWAY SUITE 270
City-St-Zip: BOCA RATON, FL

Title: MGR () Delete
Name: COCORES, STEPHANIE
Address: 5301 NORTH FEDERAL HIGHWAY SUITE 270
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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, MD

PRE

04/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date