2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# L04000050398

Entity Name: E.M.F. INVESTMENT GROUP, LLC

Current Principal Place of Business:

8911 S.W. 186TH TERRACE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

8911 S.W. 186TH TERRACE
MIAMI, FL 33157

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, FRANCISCO
8911 S.W. 186TH TERRACE
MIAMI, FL 33157 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/MEMBERS:

Title: MGR ( ) Delete
Name: GONZALEZ, FRANCISCO
Address: 8911 S.W. 186TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: MGR ( ) Delete
Name: ABREU, ESTEBAN
Address: 8911 S.W. 186TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: MGR (X) Delete
Name: ABREU, MICHAEL
Address: 8911 S.W. 186TH TERRACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: RODRIGUEZ, GREGORY
Address: 8911 S.W. 186TH TERRACE
City-St-Zip: MIAMI, FL 33157

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCISCO GONZALEZ MGR 04/01/2005

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