


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90213 028 ****50.00

DOCUMENT # L04000069703 1. Entity Name EMC ASSOCIATION MANAGEMENT LLC					
Principal Place of Business 12800 UNIVERSITY DRIVE SUITE 260 FT. MYERS, FL 33907			Mailing Address 12800 UNIVERSITY DR. #400 FORT MYERS, FL 33907		
2. Principal Place of Business Suite, Apt. #, etc. 			3. Mailing Address 12800 University Drive #400		
City & State 			City & State Fort Myers FL		
Zip 		Country 		4. FEI Number 	
33907		USA		03292005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MELANSON, NOELLE M ESQ. 12800 UNIVERSITY DRIVE SUITE 260 FT. MYERS, FL 33907				7. Name and Address of New Registered Agent Name Scott Callahan (Stump, Storey, Callahan) Street Address (P.O. Box Number is Not Acceptable) 37 N. ORANGE AVE #200 City ORLANDO FL Zip Code 32801	
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 <u><i>Scott Callahan</i></u> (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	DOUGLAS CORDELLIO VICE PRESIDENT 12800 UNIVERSITY DR. #400 FORT MYERS FL 33907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>L. J. Cordellio, V.P.</i></u> 3/21/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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