

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069703

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: EMC ASSOCIATION MANAGEMENT LLC

**Current Principal Place of Business:**

12800 UNIVERSITY DRIVE  
SUITE 260  
FT. MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12800 UNIVERSITY DRIVE  
SUITE 400  
FT. MYERS, FL 33907

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

CALLAHAN, SCOTT  
37 N ORANGE AVE  
# 200  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

GY CORPORATE SERVICES, INC.  
777 S. FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH, FL 33401 US

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: MICHAEL MITRIONE

04/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP ( ) Delete  
Name: CORDELIO, DOUGLAS  
Address: 12800 UNIVERSITY DR, # 400  
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: P ( ) Change (X) Addition  
Name: ROSEN, MICHAEL E  
Address: 12800 UNIVERSITY DRIVE, SUITE #400  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS J. CORDELLO

VP

04/21/2006

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