

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-09-2005 90008 010 ****50.00

DOCUMENT # L04000070817 1. Entity Name EMMONS ENTERPRISES, LLC					
Principal Place of Business 7208 SAND LAKE ROAD, STE. 304 ORLANDO FL 32819			Mailing Address 7208 SAND LAKE ROAD, STE. 304 ORLANDO FL 32819		
2. Principal Place of Business		3. Mailing Address P.O. Box 1039 Portland, MAINE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1234123	
Zip		Country		Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVENUE, STE. 340 MAITLAND FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS					
TITLE President NAME MICHAEL T. EMMONS STREET ADDRESS 7208 SAND LAKE RD. #304 CITY- ST- ZIP Orlando, FL 32819		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
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>Michael T. Emons</i></u> 4/16/05 207-772-2120 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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1st MOORE CR2E083 (10/04)