2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 31, 2008 08:00 A **DOCUMENT # L04000072648 Secretary of State** 1. Entity Name **EMF PROPERTIES, LLC** Principal Place of Business Mailing Address 16309 NW 88TH PATH 16309 NW 88TH PATH MIAMI LAKES, FL 33018 MIAM! LAKES, FL 33018 03212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, EDUARDO M DO NOT WRITE 16309 NW 88TH PATH MIAMI LAKES, FL 33018 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000875367 04/11/08-80030-019 138.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE FERNANDEZ, ADRIANA A NAME 16309 NW 88TH PATH STREET ADDRESS CITY-ST-ZIP MIAMI LAKES,, FL 33018 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR MANTED NAME OF SE IG MANAGRIG MEMBER, OR AUTHORIZED REPRESENTATIVE