

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000075481

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** EMS INVESTMENTS LLC

**Current Principal Place of Business:**

796 HARBOUR ISLES COURT  
NORTH PALM BEACH, FL 33410

**New Principal Place of Business:**

10180 RIVERSIDE DR SUITE 9  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

796 HARBOUR ISLES COURT  
NORTH PALM BEACH, FL 33410

**New Mailing Address:**

10180 RIVERSIDE DR SUITE 9  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 73-1726711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIERAS, EMMI  
796 HARBOUR ISLES COURT  
NORTH PALM BEACH, FL 33410 US

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

MIERAS, EMMI  
10180 RIVERSIDE DR SUITE 9  
PALM BEACH GARDENS, FL 33410 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: EMMI MIERAS

04/28/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MIERAS, EMMI  
Address: 796 HARBOUR ISLES COURT  
City-St-Zip: NORTH PALM BEACH, FL 33410

**ADDITIONS/CHANGES:**

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: EMMI MIERAS

MGR

04/28/2005

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