

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000089803

1. Entity Name
EMERALD FLORIDA PROPERTIES, LLC



Principal Place of Business
UNIT 79, COOKSTOWN INDUSTRIAL ESTATE
TALLAGHT, DUBLIN 24
IRELAND, XX

Mailing Address
UNIT 79, COOKSTOWN INDUSTRIAL ESTATE
TALLAGHT, DUBLIN 24
IRELAND, XX

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
05 SEP -6 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09022005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1816143

Applied For
Not Applicab

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
James Pouch
32 Broadfield View
NAAS Co. Kildare IRELAND ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500059460465
09/08/05--01055--007 **\$0.00 ☐ Change ☐ Additi

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Daniel Corcoran
11 Rockfield Close
Maynooth Co. Kildare IRELAND ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
Managing Member
Hugh Levins
Rusland
Asford Co. Wicklow IRELAND ☐ Delete

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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: *Hugh Levins* 9-2-05 (407) 666-8006