2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000090160

1. Entity Name



FILED Feb 18, 2005 8:00 am Secretary of State 02-18-2005 90128 018 ****50.00

EMERSON LIST SERVICES LLC						ļ					
Principal Place of Business 1016 COLLIER CENTER WAY, SUITE 103 NAPLES, FL 34110			Mailing Address 1016 COLLIER CENTER WAY, SUITE 103 NAPLES, FL 34110			20012182					
2. Principal Piace of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02102005	Chg-LLC	CR2E083	(10/03)		
City & State			City & State			4. FEI Numb	?02673			plied For t Applicable	
Zip	D Country		Zip Counti		try	5. Certificate of Status Desired \$5.00 Additional Fee Required					
=-==	6. Name	and Address of Current	Registered Agent	gistered Agent Name			7. Name and Address of New Registered Agent				
CONNORS 1016 COLL NAPLES, F	JER CEN	TER WAY, SUITE 10	3		Street Address (P.O. Box Number is Not Acceptable)						
NAPLES, P	-L 34110										
			City		City			FL	Zip Cod	е	
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 a	and the if appreciation (NOT	E: Bog-stein	d Agent signature required	d when reinstaling)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005								e check pay Departmer		•	
9.	MANAGING MEMBERS/MANAGERS			10.			ADDITIONS/	CHANGES			
TITLE NAME				TITL NAM				Γ	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		LIER CENTER WAY, S FL 34110			ET ADDRESS - ST-ZIP						
TITLE			☐ Delete	TITL	l l			Į	Change	☐ Add tion	
NAME STREET ADDRESS CITY-ST-ZIP					ie Eet address (-st-zip						
TITLE			☐ De/ete	ππ				[Сћалде	☐ Addition	
NAME STREET ADDRESS					ET ADDRESS					T	
CITY-ST-ZIP					-ST-ZIP						
TITLE NAME			☐ De ete	TITE. NAM	-			[Change	☐ Addition	
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP TITLE			☐ Delete	TITE	-ST-ZIP	·			Change	Addition	
NAME				NAM	ie [•			
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE NAME			☐ Delete	TITL	I .	************]	Change	Addition	
STREET ADDRESS : CITY-ST-ZIP				STR	eet aodress '-st-zip						
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 turther certify that the information indicated on this report is the Anoaccurate 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: 1 1 1/4/1- T. COURS MAY 2/4/05 2392840175											
SIGNATURE: MANUEL MANUEL SIGNATURE: MANUEL SIGNATURE: 129 05 90115											