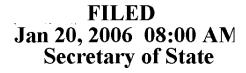
## 2006 LIMITED LIABILITY COMPANY

## ANNUAL REPORT DOCUMENT # L04000090164 1. Entity Name EMERSON RETAIL DISTRIBUTION LLC Principal Place of Business Making Address 1016 COLLIER CENTER WAY, SUITE 103 1016 COLLIER CENTER WAY, SUITE 103 NAPLES, FL 34110 NAPLES, FL 34110





## DO NOT WRITE IN THIS SPACE

01102006 No Chg-LLC CR2E083 (11/05)

5. Certificate of Status Desired	\$5.00	Additional
20-1776847		Not Applicable
4. FEI Number	·	Applied For

CONNORS, MICHAEL J

6. Name and Address of Current Registered Agent

1016 COLLIER CENTER WAY, SUITE 103 NAPLES, FL 34110

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida II am familiar with, and accept
SIGNATURE.	Signification and have dropped engineering for laboration (PPDL Registed)	- अंद्र अन्य प्राप्तार त्या गर्या, व्यवस्था भूति ।
fi Di	ling Fee is \$50.00 ue by May 1, 2006	
9.	MANAGING MEMBERS/MANAGERS	
TITLE PLAME STREET ADDRESS CITY ST ZIP	MGR CONNORS, MICHAEL J 1016 COLLIER CENTER WAY, SUITE 103 NAPLES, FL 34110	FIDOCOOOFIO
TITLE NAME STREET ADDRESS CITY ST ZIP		U00000393508 01/25/06-80023-023 5 <b>0.</b> 00
TUTLE TLAME STREET ALDRESS CITY ST ZIP		DO NOT WRITE
TITLE  NAME STREET ADDRESS CITY ST ZIP		IN THIS SPACE
TITLE DAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIF		
11. I hereby of indicated	cert ty that the information succelled with this filing does not qualify for the ex- on this record fitting and accurate and that my signature shall have the san	emotions contained in Chapter 119, Fiorida Statutes. I further certify that the information to legal effect as if made under calls; that I am a managing member or manager of the singulated by Chapter 608, Fiorida Statute.