

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031822

Entity Name: E & M INVESTMENT, LLC

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

10500 SW 93 STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10500 SW 93 STREET  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 38-3719097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SENN, EDWARD A MGR  
10500 SW 93 STREET  
MIAMI, FL 33176 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SENN, EDWARD A MGR  
Address: 10500 SW 93 STREET  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM ( ) Delete  
Name: SENN, MAGDALENA G  
Address: 10500 SW 93 STREET  
City-St-Zip: MIAMI, FL 33176 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: SENN, CHRISTOPHER A  
Address: 10500 SW 93 STREET  
City-St-Zip: MIAMI, FL 33176 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EDWARD A. SENN

MGMR

03/23/2009

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