2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# L05000033792

Entity Name: EMERALD FINANCIAL GROUP, LLC

Current Principal Place of Business:

13373 NW 11TH DR.
SUNRISE, FL 33323 US

New Principal Place of Business:

9306 PLANTATION LAKES CIRCLE
SANFORD, FL 32771 US

Current Mailing Address:

13373 NW 11TH DR.
SUNRISE, FL 33323 US

New Mailing Address:

9306 PLANTATION LAKES CIRCLE
SANFORD, FL 32771 US

FEI Number: 20-2630977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SISSON, JEREMY
13373 NW 11TH DR.
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

SISSON, JEREMY
9306 PLANTATION LAKES CIRCLE
SANFORD, FL 32771 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: 03/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SISSON, JEREMY
Address: 13373 NW 11TH DR.
City-St-Zip: SUNRISE, FL 33323 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SISSON, JEREMY
Address: 9306 PLANTATION LAKES CIRCLE
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM ( ) Change (X) Addition
Name: PRINCE, JAMES E
Address: 33815 TERRAGONA DR
City-St-Zip: SORRENTO, FL 32776

I hereby certify that the information supplied with this filing does not qualify for the 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: JEREMY SISSON MGRM 03/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date