


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90172 032 ****55.00

DOCUMENT # L05000048118		
1. Entity Name EMM INVESTMENT PROPERTIES, LLC		

Principal Place of Business 5108 SOUTH ORANGE AVENUE EDGEWOOD, FL 32809 US	Mailing Address 1029 SOUTHERN OAK LANE APOPKA, FL 32712 US
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2. Principal Place of Business - No P.O. Box # 1029 SOUTHERN OAK LN	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State APOPKA, FL	City & State
Zip 32712	Country US

6. Name and Address of Current Registered Agent	
THORPE, LYSANDER 6327 PINEY GLEN LANE ORLANDO, FL 32819	

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2863194	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name TREVOR D. MACGOWAN	
Street Address (P.O. Box Number is Not Acceptable) 1029 SOUTHERN OAK LANE	
City APOPKA	Zip Code FL 32712

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 <i>Trevor D. MacGowan</i>	TREVOR D. MACGOWAN 4/30/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACGOWAN, ELAINE 1029 SOUTHERN OAK LANE APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACGOWAN, TREVOR 1029 SOUTHERN OAK LANE APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Trevor D. MacGowan</i>	TREVOR D. MACGOWAN 4/30/07 407-889-8684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #