

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048559

FILED
Aug 02, 2008
Secretary of State

Entity Name: EMERALDS & EMERALDS LLC

Current Principal Place of Business:

21319 TOWN LAKES DR.
1227
BOCA RATON, FL 33486 US

Current Mailing Address:

21319 TOWN LAKES DR.
1227
BOCA RATON, FL 33486 US

New Principal Place of Business:

500 NW 62ND STREET
210
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

500 NW 62ND STREET
210
FORT LAUDERDALE, FL 33309 US

FEI Number: 83-0431776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TOMLINSON, JOHN
500 WEST CYPRESS CREEK ROAD
210
FT. LAUDERDALE, FL 33309 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: MGR () Delete
Name: PERILLA, LUIS G
Address: 21319 TOWN LAKES DR. #1227
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM () Delete
Name: ALBA, RODRIGUEZ K
Address: 21319 TOWN LAKES DR. #1227
City-St-Zip: BOCA RATON, FL 33486 US

ADDITIONS/CHANGES:

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

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

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: LUIS PERRILLA

MGR

08/02/2008

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