

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052022

FILED
Jul 12, 2006
Secretary of State

Entity Name: THE EMORY GROUP, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2145 S.W. 94TH TERRACE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

2145 S.W. 94TH TERRACE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-3326352 **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:

BOVAY, JOHN C
901 N.W. 57TH STREET
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

GLAESER, MITCH E
2145 S W 94TH TERRACE
GAINESVILLE, FL 32607 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: MITCH E. GLAESER

07/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: GLAESER, RALPH F
Address: 2613-B N W 104TH COURT
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Change (X) Addition
Name: GLAESER, MITCH E
Address: 2145 S W 94TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

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: MITCH GLAESER

VP

07/12/2006

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