2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-06-2006 90172 033 ****50.00

DOCUMENT # L05000073680

1. Entity Name
EMILIE INVESTMENT, LLC

Principal Place of Business	Mailing Address
1039 45TH AVENUE NORTH ST. PETERSBURG, FL 33703 US	C/O RONALD W. GREGORY, II P.O. BOX 1954 ST. PETERSBURG, FL 33731 US

01302006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	1039 45th. Ave N.
Suite, Apt. #, etc.	Suite, Apt #, etc. St. Petersburg, FL
City & State	City & State 33703
Zip / Country	Zip / Country US

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREGORY, RONALD W II 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YOUNGBLOOD, ANGELA 1039 45TH AVENUE NORTH ST. PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Angela Youngblood 2/1/06 727-647-4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTAchment 30001176

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

EMILIE INVESTMENT, LLC
C/O RONALD W. GREGORY, II
1039 45TH AVE N
SAINT PETERSBURG, FL 33703 US

Subject: **EMILIE INVESTMENT, LLC**

Reference Number: **L05000073680**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION

The Box was checked to Not applicable