

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075879

Entity Name: EMBLEM PROPERTIES, LLC

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

7901 KINGSPONTE PKWY
SUITE #20
ORLANDO, FL 32819

Current Mailing Address:

7901 KINGSPONTE PKWY
SUITE #19
ORLANDO, FL 32819

New Principal Place of Business:

994 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

994 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-3245775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHET, EDUARDO M
7901 KINGSPONTE PKWY
SUITE #19
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

BLANCHET, EDUARDO M
994 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS, FL 32714 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: EDUARDO M BLANCHET

04/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLANCHET, EDUARDO M
Address: 7901 KINGSPONTE PKWY, SUITE #19
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: MIRA, SILVIA E
Address: 7901 KINGSPONTE PKWY
City-St-Zip: ORLANDO, FL 32819

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: EDUARDO M BLANCHET

MGRM

04/04/2008

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