

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

|                                                                      |                                                                                   |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000077590</b><br>1. Entity Name<br><b>EM2C, LLC</b> |  |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                 |                                                                                     |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>15950 BAY VISTA DRIVE, SUITE 250<br/>CLEARWATER, FL 33760</b> | Mailing Address<br><b>15950 BAY VISTA DRIVE, SUITE 250<br/>CLEARWATER, FL 33760</b> |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-LLC CR2E083 (12/07)

|                                                                         |                                                        |
|-------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-3300825</b>                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
  
**LESLIE WAGER HUDOCK  
601 BAYSHORE BOULEVARD, STE. 700  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000826927  
02/21/08-80069-007 143.75

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                 |
|------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MARKELL, GARY L<br>15950 BAY VISTA DR SUITE 250<br>CLEARWATER, FL 33760 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>NORTH, ANGELA F<br>15950 BAY VISTA DR SUITE 250<br>CLEARWATER, FL 33760 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |

**DO NOT WRITE  
IN THIS SPACE**

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:** *Gary Markell* **2/8/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #