

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085037

Entity Name: EMA, LLC

FILED  
Jan 24, 2007  
Secretary of State

**Current Principal Place of Business:**

201 W. ALFRED ST.  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 W. ALFRED ST.  
TAMPA, FL 33603 US

**New Mailing Address:**

FEI Number: 57-1224781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: ORTIZ, EDWIN F  
Address: 201 W. ALFRED ST.  
City-St-Zip: TAMPA, FL 33603 US

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Delete  
Name: ORTIZ, MARYANN  
Address: 201 W. ALFRED ST.  
City-St-Zip: TAMPA, FL 33603 US

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

Title: MGR ( ) Delete  
Name: ORTIZ, JEZRE'EL E  
Address: 201 W. ALFRED ST.  
City-St-Zip: TAMPA, FL 33603 US

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: EDWIN F. ORTIZ

MGR

01/24/2007

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