2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L05000085037

Entity Name: EMA, LLC

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:

FOSTER S LOVETT,CPA
400E.MLK BLV.,
STE.108
TAMPA, FL 33603 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: FOSTER S. LOVETT 01/07/2008
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

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

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

ADDITIONS/CHANGES:

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

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: EDWIN F. ORTIZ MGR 01/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date