
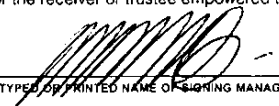


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90374 013 \*\*\*\*50.00

DOCUMENT # L06000019880					
<b>1. Entity Name</b> EMERSON SQUARE, LLC					
<b>Principal Place of Business</b> 1961 NW 150TH AVENUE SUITE 201 PEMBROKE PINES, FL 33028			<b>Mailing Address</b> 1961 NW 150TH AVENUE SUITE 201 PEMBROKE PINES, FL 33028		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04202007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>20-4414147</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
OCHOA, GEORGE 1851 NW 125TH AVENUE SUITE 312 PEMBROKE PINES, FL 33028			Name <b>OCHOA, GEORGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1961 NW 150th Ave. S-201</b> City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33028</b>		
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  <b>George Ochoa</b>			DATE <b>4-20-07</b>		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OCHOA, GEORGE 1851 NW 125TH AVENUE - SUITE 312 PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ochoa, GEORGE 1961 NW 150th Ave. S-201 Pembroke PINES, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRERA, ALBA 3911 SAN SIMEON LANE WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>George Ochoa</b>			DATE <b>4-20-07</b> DAY/PHONE <b>954-499-5552</b>		