


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2007 90372 046 \*\*\*\*55.00

<b>DOCUMENT # L06000073416</b>		
1. Entity Name 14680 EMI, LLC		

Principal Place of Business 6175 N.W. 167 STREET, #G24 MIAMI, FL 33015	Mailing Address P.O. BOX 17-0938 MIAMI, FL 33017
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2. Principal Place of Business - No P.O. Box # <u>14680 NW 7 Ave</u>	3. Mailing Address Suite, Apt. #, etc.
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City & State <u>Miami FL</u>	City & State
Zip <u>33168</u>	Country <u>USA</u>

60038855



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number <u>84-1714517</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KUKER, HOWARD L 9200 S. DADELAND BLVD., SUITE 508 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code

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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM IBARRA, EDUARDO M P.O. BOX 17-0938 MIAMI, FL 33017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** [Signature] 3-19-07 305 992 7507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #