


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L06000073416

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**

2. Principal Place of Business - No P.O. Box #
14680 NW 7 Ave

3. Mailing Address
 Suite, Apt. #, etc.


City & State
Miami FL

City & State
 Suite, Apt. #, etc.

Zip
33168

Country
USA

60038855



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
89-1714517

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **FL** 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.

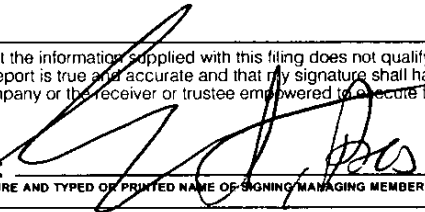
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007.

Make check payable to Florida Department of State

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:  **3-19-07** **305 992 7507**

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