

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095310

Entity Name: EMERALD VILLAGE, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

540 BRICKELL KEY DRIVE
817
MIAMI, FL 33131

Current Mailing Address:

PO BOX 190359
MIAMI BEACH, FL 33119

New Principal Place of Business:

540 BRICKELL KEY DRIVE
817
MIAMI, FL 33131 US

New Mailing Address:

540 BRICKELL KEY DRIVE
817
MIAMI, FL 33131 US

FEI Number: 20-5638122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAURETI HOLDINGS COMPANY
205 EAST SAN MARINO DRIVE
MIAMI BEACH, FL 33139 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: MGRM () Delete
Name: LAURETI HOLDINGS COMPANY
Address: PO BOX 190359
City-St-Zip: MIAMI BEACH, FL 33119

Title: MGRM () Delete
Name: STONE GROUP DEVELOPERS, LLC
Address: 540 BRICKELL KEY DRIVE, #817
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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: OSCAR E PICCOLO

MGRM

05/01/2009

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