

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90027 012 \*\*\*\*\*55.00

DOCUMENT # L06000110592

1. Entity Name  
8137 EMERALD LLC



Principal Place of Business  
1901 E ATLANTIC BLVD  
POMPANO BEACH, FL 33060

Mailing Address  
1901 E ATLANTIC BLVD  
POMPANO BEACH, FL 33060

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-5921373

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RAMLOCHAN, ESTHER  
1901 E ATLANTIC BLVD  
POMPANO BEACH, FL 33060

## 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

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE MGRM  
NAME LEVINSON, ADAM ☐ Delete  
STREET ADDRESS 1901 E ATLANTIC BLVD  
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE MGRM  
NAME CULLIN, THOMAS ☐ Delete  
STREET ADDRESS 1901 E ATLANTIC BLVD  
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE MGRM  
NAME MAGLIO, JOHN ☐ Delete  
STREET ADDRESS 4-74 48TH AVE APT 11L  
CITY-ST-ZIP LIC, NY 11109

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/29/07

354-545-2010

Daytime Phone #