

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122140

Entity Name: E.M. INVESTMENT GROUP, LLC

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

169 DAWN LAUREN LANE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

169 DAWN LAUREN LANE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-8099687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERO, JACKIE
9850 NW 10TH COURT
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

GERO, JACKIE CPA
9850 NW 10TH COURT
PLANTATION, FL 33322 US

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: JACKIE GERO

04/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MESIKA, BRIAN
Address: 4611 NW 74TH AVE.
City-St-Zip: LAUDERHILL, FL 33319

Title: MGRM () Delete
Name: EVAUL, SCOTT
Address: 169 DAWN LAUREN LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM (X) Delete
Name: BENNETT, CONWAY
Address: 11200 NW 23RD STREET
City-St-Zip: PLANTATION, FL 33323

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: SCOTT EVAUL

MGRM

04/22/2007

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