## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/27/2008-90029-011-\$538.75-\$538.75

FILED

DOCUMENT # L07000040251 1. Entity Name
EMERSON ROOSTER LLC 2008 SEP 25 PM 4: 15 SECRETARY OF STATE TALLAHASSEF, ELORIDA Principal Place of Business Mailing Address 2415 CHICAGO AVE. 2415 CHICAGO AVE. **TAMPA FL 33629** TAMPA FL 33629 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5217 W. Hillsborasch Ave 5217 16W. Hillsborough Ave Suite, Apt. #, etc. 07092008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For <u>20-881506</u> Tarres, Not Applicable Tampa Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired U.S. U.S 33630 Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAROTHERS, C. GRAHAM JR. Street Address (P.O. Box Number is Not Acceptable) SHUMAKER, LOOP & KENDRICK, LLP 101 E. KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602 City Zlp 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Spresure, typed or printed name of registered agent and tole if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$538.75 Make check payable to Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Delete TITLE TITLE Change ☐ Addition TURNER, DOUGLAS C NAME MALE 5217 W. Hillsborough Are. 2415 CHICAGO AVE. STREET ADDRESS STREET ADDRESS TAMPA, FL 33629 CITY-ST-ZIP Tempo, FL 33034 CITY-ST-ZIP MGR TITLE TITLE ☐ De c e 📿 Change ■ Addition BROOKS, ROBERT NAME NAME 5017 W. Hillsborough Ave. STREET ADORESS STREET ADDRESS 2415 CHICAGO AVE. TAMPA, FL 33629 CITY-ST- ZP Tampa, FC 33634 aty-st-zp ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY 51 2IP C27Y-57-712 Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C(7Y-51-2)P City-St-71P ☐ Delete TITLE ☐ Change Addition TITLE

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.

NAME

STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS

1,

CITY-ST-ZP

SIGNATURE: DUCAL ( TO SIGNATURE AND TYPED ON PROOFE) MAKE OF BICHNIC MANAGER, OR AUTHORIZED REPRESENTATIVE DIES DESCRIPTION &