

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED

2008 SEP 25 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L07000040251			
1. Entity Name EMERSON ROOSTER LLC			
Principal Place of Business 2415 CHICAGO AVE. TAMPA, FL 33629		Mailing Address 2415 CHICAGO AVE. TAMPA, FL 33629	
2. Principal Place of Business - No P.O. Box # 5217 W. Hillsborough Ave.		3. Mailing Address 5217 W. Hillsborough Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33634	Country U.S.	Zip 33634	Country U.S.
4. FEI Number 20-8815061		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CAROTHERS, C. GRAHAM JR. SHUMAKER, LOOP & KENDRICK, LLP 101 E. KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602		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 reappointing)			
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, DOUGLAS C 2415 CHICAGO AVE. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5217 W. Hillsborough Ave. Tampa, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKS, ROBERT 2415 CHICAGO AVE. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5217 W. Hillsborough Ave. Tampa, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: 7/16/08 Daytime Phone: 813 874 1911	