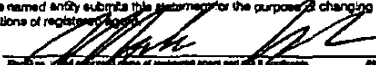


6. **FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90254 011 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                                                               |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # L07000061726</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |                                              |         |
| 1. Entity Name<br>EMP, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                               |         |
| Principal Place of Business<br>31731 NORTHWESTERN HWY, SUITE 250W<br>FARMINGTON HILLS, MI 48334                                                                                                                                                                                                                                                                                                                                                                                                   |         | Mailing Address<br>2201 N.W. CORPORATE BLVD., SUITE 100<br>BOCA RATON, FL 33431                                               |         |
| 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 |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                             |         |
| 8. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                          |         | 04242008 Chg-LLC CR2E063 (12/08)                                                                                              |         |
| 6. Name and Address of Current Registered Agent<br>JAKOBSON, MARKUS<br>2201 N.W. CORPORATE BLVD., SUITE 100<br>BOCA RATON, FL 33431                                                                                                                                                                                                                                                                                                                                                               |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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                                                                                                                                                                                                                                                                                                                                                                                                       |         | DATE 9.29.08                                                                                                                  |         |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$638.75                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                                           |         |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | 10. ADDITIONS/CHANGES                                                                                                         |         |
| 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                       |         |
| MGR MAYFAIR GENERAL CORPORATION 31731 NORTHWESTERN HWY, SUITE 250W FARMINGTON HILLS, MI 48334                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                                                                               |         |
| 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                       |         |
| 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                       |         |
| 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                       |         |
| 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                       |         |
| 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 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 person or persons empowered to execute this report as provided by Chapter 605, Florida Statutes. |         |                                                                                                                               |         |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                     |         | Date 7.9.08 561-443-4201                                                                                                      |         |