

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085673

FILED
Apr 30, 2008
Secretary of State

Entity Name: EMEVE, LLC

Current Principal Place of Business:

% LISA A. LANDY, ESQ. AKERMAN SENTERFITT
ONE SE 3RD AVENUE, 25TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

% LISA A. LANDY, ESQ. AKERMAN SENTERFITT
ONE SE 3RD AVENUE, 25TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 74-3232808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRP () Change (X) Addition
Name: MENDOZA, CRISTOBAL L
Address: % ONE SE 3RD AVE, 25TH FL
City-St-Zip: MIAMI, FL 33131 US

Title: MGRV () Change (X) Addition
Name: MENDOZA, LUIS I HIJO
Address: % ONE SE 3RD AVE, 25TH FL
City-St-Zip: MIAMI, FL 33131 US

Title: MGRS () Change (X) Addition
Name: MENDOZA, FEDERICO
Address: % ONE SE 3RD AVE, 25TH FL
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify 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: CRISTOBAL L. MENDOZA

MGR

04/30/2008

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