


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90027 015 ***138.75

DOCUMENT # L07000125622

1. Entity Name
EMMALEX, LLC



Principal Place of Business Mailing Address
 17501 SW 58 STREET 17501 SW 58 STREET
 SOUTHWEST RANCHES, FL 33331 SOUTHWEST RANCHES, FL 33331

60029262



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
17501 Sw 58th St. **17501 Sw 58th St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

04232008 Chg-LLC CR2E083 (12/06)

City & State City & State
Southwest Ranches, FL **Southwest Ranches, FL**

4. FEI Number Applied For
26-1684070 Not Applicable

Zip Country Zip Country
33331 **USA** **33331** **USA**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
SACHER, CHARLES
2655 LEJEUNE ROAD SUITE 1101
MIAMI, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

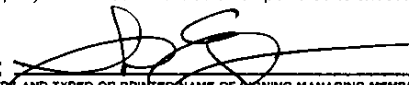
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, IAN		NAME		
STREET ADDRESS	17501 SW 58 STREET		STREET ADDRESS		
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33331		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, ALICIA		NAME		
STREET ADDRESS	17501 SW 58 STREET		STREET ADDRESS		
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33331		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **4/23/08** **954-815-8021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #