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					04-28-200	8 90027 015 ***1:	38.75
Principal Place of Business Mailing Address							
17501 SW 58 STREET 17501 SW 58 STREET					60029262	•	
SOUTHWEST RANCHES, FL 33331 SOUTHWEST RANCHES, FL			FL 33331				
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Principal Place of Business - No P.O. Box # Mailing Address							
17501 SW ESH St. 17501 SW ESH			h 8+.	1 14 4 4 5 5	NII MANGA IMANJI MANGA MIRISH MINI	18 i 33 milio 41 denie urtero urbero etariar ri	TUSI (IL 103)
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LLC	CR2E083 (12/06)	
City & Stat	la .	City & State		4. FEI Num			pplied For
	st Ranches, FL	Southwest Panc	her. FL		<u>684070</u>		ot Applicable
Zip	Country	Zip	Country			\$5.00 Ad	
33331	USA	<i>3</i> 3 33 \	USA	5. Certinicat	e of Status Desired	Fee Require	sd
	6. Name and Address of Current	Registered Agent	Nome	7. Name an	d Address of New R	legistered Agent	· · · · · · · · · · · · · · · · · · ·
SACHER, CHARLES							
2655 LEJEUNE ROAD SUITE 1101			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL	. 33134						
City						FL Zip Cod	le
	named entity submits this statement fo	r the purpose of changing its r	egistered office or	registered agent, or b	oth, in the State of Fk	orida. I am familiar with,	and accept
the obligat	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent of	and title if annihookie (NATE)	Dealester d Agent almost u	e required when reinstating)		DATE	
	organical of the state of the s	(1012	Hadister of Additional articles	e redomen muer remembly		DATE	
FILE After May	ENOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	;				e check payable to a Department of Stat	e
9.	MANAGING MEMBE	I RS/MANAGERS	10.	·	ADDITIONS,	/CHANGES	
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	EISENBERG, IAN		NAME				
STREET ADDRESS	17501 SW 58 STREET		STREET ADDRESS				
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33		CITY-ST-ZIP		·		
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	CARROLL, ALICIA 17501 SW 58 STREET	NAME STREET ADDRESS					
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33	3331	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				_
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS	•			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME			·	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	ļ		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
	1	· ·	NAME				

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.

CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF CHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

954-815-8021

Daytime Phone #