

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095606

Entity Name: EMR GROUP LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

9732 LITTLE ROAD
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

3509 SARAZEN DRIVE
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

9732 LITTLE ROAD
NEW PORT RICHEY, FL 34654 US

New Mailing Address:

P.O. BOX 885
ELFERS, FL 34680 US

FEI Number: 26-3515950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBACK, DANIEL J
9732 LITTLE ROAD
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

HOLBACK, DANIEL J
3509 SARAZEN DRIVE
NEW PORT RICHEY, FL 34655 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLBACK, DANIEL J
Address: 9732 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOLBACK, DANIEL J MGRM
Address: PO BOX 885
City-St-Zip: ELFERS, FL 34680 US

Title: MGRM () Change (X) Addition
Name: WHEELER, DOUGLAS W MGRM
Address: 800 MCHENRY AVE. SUITE A
City-St-Zip: CRYSTAL LAKE, IL 60014 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: DANIEL J. HOLBACK

MGRM

04/30/2009

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