

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L98000001317

1. Entity Name
EMM PROPERTIES, L.L.C.



Principal Place of Business
14775 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

Mailing Address
14775 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258



01142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3525991

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENGLAND, JAMES E
14775 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ENGLAND, JAMES E
14775 OLD ST.AUGUSTINE RD
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MILLER, DOUGLAS C
14775 OLD ST.AUGUSTINE RD
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MATHEWS, N. HUGH
14775 OLD ST.AUGUSTINE RD
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000796127
01/29/08-80020-003 143.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

DOUGLAS C.

MILLER

1/22/08 (904) 642-8990