

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90355 038 \*\*\*\*50.00

<b>DOCUMENT # L98000001494</b> 1. Entity Name <b>EMERALD ASSET ADVISORS, L.L.C.</b>					
Principal Place of Business <b>2843 EXECUTIVE PARK DRIVE WESTON, FL 33331</b>			Mailing Address <b>2843 EXECUTIVE PARK DRIVE WESTON, FL 33331</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-2119367</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEVY, BARUCH</b> <b>2843 EXECUTIVE PARK DR.</b> <b>WESTON, FL 33331</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State <b>FL</b> Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ISBITTS, ROBERT</b> <b>2843 EXECUTIVE PARK DRIVE</b> <b>WESTON, FL 33331</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BARUCH (BRUCE) LEVY</b> <b>2843 EXECUTIVE PARK DRIVE</b> <b>WESTON, FL 33331</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HUNTER, SCOT</b> <b>2843 EXECUTIVE PARK DRIVE</b> <b>WESTON, FL 33331</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BUDELMAN, ALLAN</b> <b>2843 EXECUTIVE PARK DRIVE</b> <b>WESTON, FL 33331</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <b>3-08-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

20015463



02092006 Chg-LLC CR2E083 (11/05)

Applied For  
Not Applicable

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

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

## MANAGING MEMBERS/MANAGERS

## ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ISBITTS, ROBERT	
STREET ADDRESS	2843 EXECUTIVE PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARUCH (BRUCE) LEVY	
STREET ADDRESS	2843 EXECUTIVE PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HUNTER, SCOT	
STREET ADDRESS	2843 EXECUTIVE PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUDELMAN, ALLAN	
STREET ADDRESS	2843 EXECUTIVE PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**SIGNATURE:**

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

Date

Daytime Phone #