

2001 UNIFORM BUSINESS REPORT (UBR)

0028686 AF

DOCUMENT # L98000002984

1. Entity Name
EMERALD T ENTERPRISES, L.L.C.

FILED

01 MAY -1 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**500 EAST 77TH STREET, SUITE 2115
NEW YORK NY 10162**

Mailing Address
**500 EAST 77TH STREET, SUITE 2115
NEW YORK NY 10162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-4042555**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, DOUGLAS A
1000 NORTH TAMiami TRAIL, SUITE 201
NAPLES FL 34102**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **DELUCA, TERESE E**
CITY-ST-ZIP **500 EAST 77TH STREET, SUITE 2115
NEW YORK NY 10162**

TITLE Change Addition
NAME **700004274007**
STREET ADDRESS **-05/21/01--01141--008**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TERESE E DELUCA

4/26/01

212 585-0606

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

Date

Daytime Phone #

CR2E083 (11/00)