

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

C 7/175

DOCUMENT # L98000002984

1. Entity Name

EMERALD T ENTERPRISES, L.L.C.

04-02-2002 90943 032 ****50.00

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4042555

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

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

TITLE NAME Delete
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10. ADDITIONS / CHANGES

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
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 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

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

3/24/02 212 585 0666

Date

Daytime Phone #

CR2E083 (9/01)