2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # L98000002984

1. Entity Name

Principal Place of Business

EMERALD T ENTERPRISES, L.L.C.



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90129 009 ****50.00

103 26 585 0606

500 EAST 77TH STREET. SUITE 2115 NEW YORK NY 10162				500 EAST 77TH STREET. SUITE 2115 NEW YORK NY 10162							
2. Principal Place of Business			3. Mailin	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State				4. FEI Number 13-4042555 Applied For Not Applicable			
Zip Country			Zip	Zip Coun			5. Certificate of Status Desired			ditional	
	Agent	1		7. Name and Address of New Registered Agent							
						Name				3	
WOOD, DOUGLAS A 1000 NORTH TAMIAMI TRAIL, SUITE 201						Street Address (P.O. Box Number is Not Acceptable)					
NAP	LES FL-341	102					-	-	, ,		
		,				City			FL	Zip Cod	Э
	named entity	y submits this statement for ered agent.	or the purpos	e of changing its	registered	d office or regist	ered agent, or b	oth, in the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applica	ble. (NOTE	E: Registered :	Agent signature requi	red when reinstating)		DATE		
					•					· · · · · · · · · · · · · · · · · · ·	
			Make	Check Payabl	ie to Flo	EE IS \$50.00 rida Departm y 1, 2003					
						7 1, 2003	· · · · · · · · · · · · · · · · · · ·				
9.	MODM	MANAGING MEMBI	ERS/MANAG		10.			ADDITIONS/	CHANGES		
TITLE	MGRM	TEDECE E		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	-	terese e 177th street, suite	0115		NAME	ADDRESS					
CITY-ST-ZIP		RK NY 10162	2113		CITY-S						
TITLE				Delete	TITLE					☐ Change	Addition
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY-S	ST~ZIP					
TITLE	-	•		Delete -	-TITLE				-	☐ Change	☐ Addition
NAME					NAME		•				
STREET ADDRESS CITY-ST-ZIP					STREET CITY-S	ADDRESS IT-ZIP					
TITLE				☐ Delete	TITLE					Change	Addition
NAME		·	٠		NAME	İ					—
STREET ADDRESS		•			STREET	ADDRESS					
CITY-ST-ZIP					CITY-S	T-ZIP					
TITLE			*	☐ Delete	TITLE		•			☐ Change	Addition
NAME .					NAME		•				
STREET ADDRESS					STREET	ADDRESS					
CITY-ST-ZIP \					CITY-S	T-ZIP				-	
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME				• .	NAME			\	• • • • • •		İ
STREET ADDRESS						ADDRESS					1
CITY-ST-ZIP	•			* . 5	CITY-S				+		
indicated	on this report	information supplied with t is true and accurate and y or the receiver or truste	I that my sign	ature shall have t	the same l	egal effect as if	made under oat	h: that I am a manag	further certi ing member	fy that the in or manage	formation r of the

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE