

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 28 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M02000000068

1. Entity Name
EMTG, LLC



Principal Place of Business
450 S. ORANGE AVE.
ORLANDO, FL 32801

Mailing Address
450 S. ORANGE AVE.
ORLANDO, FL 32801

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 4920
Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32802

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
26-0040842

5. Certificate of Status Desired
☐ Additional Fee Required

6. Name and Address of Current Registered Agent
SCARCELLI, LINDA
450 S. ORANGE AVE.
ORLANDO, FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

FILE NOW!!! FEES \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM CTM PARTNERS, LLC 450 S. ORANGE AVE. ORLANDO, FL 32801	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: _____

4-10-03 407-650-1000

CR2E083 (10/02)