

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 APR 28 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**DOCUMENT # M0200000068**

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

3. Mailing Address  
**PO Box 4920**

Suite, Apt. #, etc.

City & State  
**Orlando, FL**

Zip Country  
**32802**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**26-0040842**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY-ST-ZIP	<b>MGRM CTM PARTNERS, LLC</b> 450 S. ORANGE AVE. ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

4-10-03 407-650-1000

Case Daytime Phone #

CR2E083 (10/02)