FILED
Mar 08, 2004 8:00 am
Secretary of State
02-20-2004 90123 013 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000003134

1. Entity Name
250 EMERSON AVENUE, L.L.C.

3400l847

Principal Place of Business	Mailing Address
5801 NORTH CONGRESS AVE. BOCA RATON, FL 33487	5801 NORTH CONGRESS AVE. BOCA RATON, FL 33487

2. Principal Place of Business	3. Mailing Address
5801 Congress Avenue	5801 Congress Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33487 Country:	Zip: 33487 Country:

01152004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 48-1283420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S ESQ
MOMBACH, BOYLE & HARDIN, P.A.
500 E. BROWARD BLVD., STE. 1950
FORT LAUDERDALE, FL 33394

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

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WOLF, STEVEN 5801 NORTH CONGRESS AVE. BOCA RATON, FL 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5801 Congress Avenue Boca Raton, Florida 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition [illegible]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition [illegible]
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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] Steve Wolf Managing Member 2/17/04 561-498-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #