2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
03-28-2005 90292 040 ****50.00

DOCUMENT # M02000003134

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

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

30005034

03152005 No Chg-LLC CR2E083 (10/03)

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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

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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)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WOLF, STEVEN
STREET ADDRESS	5801 CONGRESS AVE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	~~MEM~~
NAME	~~SMIZGA, ISREALD Israel~~
STREET ADDRESS	~~5801 NORTH CONGRESS AVE.~~
CITY-ST-ZIP	~~BOCA RATON, FL 33487~~
TITLE	~~MEM~~
NAME	~~BILOWITZ, FRED~~
STREET ADDRESS	~~5801 NORTH CONGRESS AVE.~~
CITY-ST-ZIP	~~BOCA RATON, FL 33487~~
TITLE	~~MEM~~
NAME	~~Richard Siemens~~
STREET ADDRESS	~~5801 Congress Avenue~~
CITY-ST-ZIP	~~Boca Raton, FL 33487~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Steven Wolf 3/16/05 - 561-498-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #