

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

COC. COVE
FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M02000003134

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



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

Mailing Address
**5801 CONGRESS AVE.
BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE



02082007 No Chg-LLC

CR2E083 (11/05)

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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IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOLF, STEVEN
5801 CONGRESS AVE
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SIEMENS, RICHARD
5801 CONGRESS AVENUE
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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03/07/07-80012-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Steve Wolf **Steve Wolf** *2/14/07* **561-498-5600**
Date Daytime Phone #