

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 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



03182008 No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000869356
04/09/08-80044-023 138.75

9. MANAGING MEMBERS/MANAGERS

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

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IN THIS SPACE**

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: *Steve Wolf*

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

3/20/08

Date

561
4985600

Daytime Phone #