


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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90058 038 ****50.00

DOCUMENT # M03000004360 1. Entity Name EMBE Management Co., LLC.	
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DO NOT WRITE IN THIS SPACE

24056759

2. Principal Place of Business 1076 Grand Isle Drive Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Naples, FL	City & State	4. FEI Number 20-0570719	<table border="1" style="width:100%"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For					
Not Applicable					
Zip 34108	Country USA	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					

<p align="center">DO NOT WRITE IN THIS SPACE</p>	7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301
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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 _____ Signature, typed or printed name of registered agent and title if applicable. **DATE** _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager B&I of Florida Management Corp. 1076 Grand Isle Drive Naples, FL 34108	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.

By: B&I of Florida Management Corp..

SIGNATURE: By: John G. Adams **President** **4/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)