

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90183 007 ****50.00

DOCUMENT # M03000004360

1. Entity Name
EMBE MANAGEMENT CO., LLC



Principal Place of Business
**1076 GRAND ISLE DRIVE
NAPLES, FL 34108**

Mailing Address
**1076 GRAND ISLE DRIVE
NAPLES, FL 34108**

20010726



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

10440 Terra Lago Drive

Suite, Apt. #, etc.

01242005 Chg-LLC CR2E083 (10/03)

City & State

City & State

West Palm Beach, FL

4. FEI Number

20-0570719

Applied For

Not Applicable

Zip

Country

Zip

Country

33412

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
B&I OF FLORIDA MANAGEMENT CORP.
1076 GRAND ISLE DRIVE
NAPLES, FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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., its Manager**

SIGNATURE: By: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Secretary

1/24/05

Date

Daytime Phone #