

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90071 011 \*\*\*\*50.00

<b>DOCUMENT # M05000004181</b>					
<b>1. Entity Name</b> EMERGO, L.L.C.					
<b>Principal Place of Business</b> 9635A GATEWAY DRIVE RENO, NV 89521			<b>Mailing Address</b> 9635A GATEWAY DRIVE RENO, NV 89521		
<b>2. Principal Place of Business</b> 6520 Pinecastle Blvd. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 6520 Pinecastle Blvd. <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> Orlando FL		<b>City &amp; State</b> Orlando FL		<b>4. FEI Number</b> 88-0464412	
<b>Zip</b> 32809-6681		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>Zip</b> 32809-6681		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name: <b>David H van de Velde</b> Street Address (P.O. Box Number is Not Acceptable): 6520 Pinecastle Blvd. City: <b>Orlando</b> <b>FL</b> <b>Zip Code</b> <b>32809-6681</b>		
<b>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.</b> SIGNATURE <u>David H van de Velde, Manager</u> <u>1/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR VAN DE VELDE, DAVID 645 OXBOW COURT RENO, NV 89511	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Manager David H van de Velde 6520 Pinecastle Blvd. Orlando FL 32809-6681
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR VAN DE VELDE, DORLE 645 OXBOW COURT RENO, NV 89511	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR VAN DE VELDE, DORLE 645 OXBOW COURT RENO, NV 89511	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR VAN DE VELDE, DORLE 645 OXBOW COURT RENO, NV 89511	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE: David H van de Velde, Manager</b> <b>407-812-8571</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 1-17-06 Daytime Phone # 8am</small>					