


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000972 1. Entity Name EMERALD COAST DELI'S, L.L.C.	
---------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 10859 HIGHWAY 98 WEST, SUITE 105 DESTIN, FL 32550 US	Mailing Address P O BOX 6854 DESTIN, FL 32550 US
----------------------------------------------------------------------------------------	--------------------------------------------------------

DO NOT WRITE IN THIS SPACE



03102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3620099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEYER, DAVID A
 101 EAST KENNEDY BLVD.
 SUITE 2000
 TAMPA, FL 33602-5133

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

000000103825
04/05/04-80076-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCQUILLAN, WILLIAM P MANAGER 44 WINDRIFT DR. DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

SIGNATURE: W.P. McQuillan 04/01/04 880-650-3872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #