

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000972

**FILED**  
**Apr 04, 2005**  
**Secretary of State**

**Entity Name:** EMERALD COAST DELI'S, L.L.C.

**Current Principal Place of Business:**

10859 HIGHWAY 98 WEST, SUITE 105  
DESTIN, FL 32550 US

**New Principal Place of Business:**

10859 EMERALD COAST PKWY WEST  
SUITE 105  
DESTIN, FL 32550 US

**Current Mailing Address:**

P O BOX 6854  
DESTIN, FL 32550 US

**New Mailing Address:**

**FEI Number:** 59-3620099      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEYER, DAVID A  
101 EAST KENNEDY BLVD.  
SUITE 2000  
TAMPA, FL 336025133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MCQUILLAN, WILLIAM P MANAGER  
Address: 44 WINDRIFT DR.  
City-St-Zip: DESTIN, FL 32550

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCQUILLAN, WILLIAM P MANAGER  
Address: 199 BUCK RD.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM P. MCQUILLAN      MGR      04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date