


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90021 009 \*\*\*\*50.00

<b>DOCUMENT # L04000060499</b>		
1. Entity Name EMERALD COAST MARKETING GROUP, LLC		

Principal Place of Business 945 WEST MICHIGAN AVE., SUITE 12B PENSACOLA, FL 32505	Mailing Address 945 WEST MICHIGAN AVE., SUITE 12B PENSACOLA, FL 32505
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**20066059**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06282005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>34-2007548</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	
KING, JAMES W JR 945 WEST MICHIGAN AVE., SUITE 5B PENSACOLA, FL 32505	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALDWIN, PHYLESIA H 945 WEST MICHIGAN AVE PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: <i>Phylesia H. Baldwin</i>	Date: <i>07/28/05</i>	Daytime Phone #: <i>850-465-9872</i>
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