

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000042258

FILED
Sep 06, 2005
Secretary of State**Entity Name:** EMERALD COAST ENTERPRISES OF 30-A, L.L.C.**Current Principal Place of Business:**207 BEACHFRONT TRAIL
SANTA ROSA BEACH, FL 32459**New Principal Place of Business:**207 BEACHFRONT TRAIL
12
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**207 BEACHFRONT TRAIL
SANTA ROSA BEACH, FL 32459**New Mailing Address:**207 BEACHFRONT TRAIL
12
SANTA ROSA BEACH, FL 32459**FEI Number:** 20-1382222**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILSON, CHARLES C
207 BEACHFRONT TRAIL
SANTA ROSA BEACH, FL 32459 US**Name and Address of New Registered Agent:**WILSON, CHARLES C
207 BEACHFRONT TRAIL
12
SANTA ROSA BEACH, FL 32459 US

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: CHARLES C. WILSON

09/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: BARTZ, SHIRLEY J MS.
Address: 4635 POLARIS LANE N
City-St-Zip: PLYMOUTH, MN 55446Title: MGRM () Delete
Name: BEDNER, SHEILA J MS.
Address: 4635 POLARIS LANE N
City-St-Zip: PLYMOUTH, MN 55446Title: MGRM () Delete
Name: WILSON, CINDY L MRS.
Address: 207 BEACHFRONT TRAIL
City-St-Zip: SANTA ROSA BEACH, FL 32459Title: MGR () Delete
Name: WILSON, CHARLES C MR.
Address: 207 BEACHFRONT TRAIL
City-St-Zip: SANTA ROSA BEACH, FL 32459Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM (X) Change () Addition
Name: WILSON, CINDY L MRS.
Address: 207 BEACHFRONT TRAIL # 12
City-St-Zip: SANTA ROSA BEACH, FL 32459Title: MGR (X) Change () Addition
Name: WILSON, CHARLES C MR.
Address: 207 BEACHFRONT TRAIL # 12
City-St-Zip: SANTA ROSA BEACH, FL 32459Title: MGR () Change (X) Addition
Name: J, CLARK G MR.
Address: 493 SOMERSET BRIDGE ROAD
City-St-Zip: SANTA ROSA BEACH, FL 324596424

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: CHARLES C WILSON

MGR

09/06/2005

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