

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000056761

**Entity Name:** EMERALD COAST DIVERSIFIED PROPERTIES, L.L.C.**Current Principal Place of Business:**1034 MAR WALT DR STE  
310  
FORT WALTON BEACH, FL 32547**Current Mailing Address:**1034 MAR WALT DR STE  
310  
FORT WALTON BEACH, FL 32547**FEI Number:** 20-8468545**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACEY, THEODORE IMD  
1034 MAR WALT DR STE  
310  
FORT WALTON BEACH, FL 32547 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	MACEY FAMILY MANAGEMENT, LLC
Address	1034 MAR WALT DR STE 310
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	MGRM
Name	PHANTOM 300, LLC
Address	1034 MAR WALT DR STE 310
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	DIRECTOR
Name	LANDRY, DALE T JR.
Address	1034 MAR WALT DRIVE SUITE 300
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	MGRM
Name	THE JA THACKERAY FAMILY MGT CO
Address	1034 MAR WALT DR SUITE 310
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	MGRM
Name	WATT, JAMES F
Address	1034 MAR WALT DR STE 310
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	MANAGER
Name	COOK, BRANDON W
Address	1034 MAR WALT DRIVE SUITE 310
City-State-Zip:	FORT WALTON BEACH FL 32547

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON W THACKERAY**OFFICER****02/02/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date