

**2021 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 THE JA THACKERAY FAMILY MGT CO  
Address 1034 MAR WALT DR  
SUITE 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 MGRM  
Name WATT, JAMES F  
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

*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

MGRM

01/21/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date