

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Sep 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A27145**

1. Entity Name  
**EMERALD COAST CENTRE, LTD.**



Principal Place of Business  
**14063 EMERALD COAST PARKWAY  
DESTIN, FL 32541**

Mailing Address  
**200 GREEN SPRINGS HIGHWAY  
BIRMINGHAM, AL 35209 US**

**DO NOT WRITE IN THIS SPACE**



08222006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**63-0986636**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GRIMMER, SAMUEL P  
14063 EMERALD COAST PARKWAY  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$900.00**

**On or after September 6, 2006, Fee will be \$1000.00**

000000573880  
09/01/06-90005-002 900.00

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **M95000000044**  
NAME **GRC MANAGEMENT, LIMITED COMPANY**  
STREET ADDRESS **200 GREEN SPRINGS HIGHWAY**  
CITY-ST-ZIP **BIRMINGHAM, AL 35209**

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Samuel P. Grimmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-22-06

205-290-2712

Date

Daytime Phone #

STAPLE CHECK HERE