2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# L00000008486

Entity Name: EMERALD COAST GROWERS, L.L.C.

Current Principal Place of Business:

7410 KLONDIKE ROAD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10886
7410 KLONDIKE ROAD
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 59-3054707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BABIKOW, DAVID S
7410 KLONDIKE ROAD
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BABIKOW, DAVID	
Address:	7405 KLONDIKE ROAD	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	MGRM	( ) Delete
Name:	BABIKOW, WYONA	
Address:	7405 KLONDIKE ROAD	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	MGRM	( ) Delete
Name:	BABIKOW, PAUL	
Address:	1179 JAGUAR CIRCLE	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	MGRM	( ) Delete
Name:	BABIKOW, MARK	
Address:	1413 EAST MALLORY STREET	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	MGRM	( ) Delete
Name:	MARKOWITZ, CHERYL B	
Address:	725 PINEBROOK CIRCLE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	MGRM	( ) Delete
Name:	MIETLING, BONNIE B	
Address:	1232 STOW AVENUE	
City-St-Zip:	PENSACOLA, FL 32503	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WYONA BABIKOW MGRM 06/17/2009

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