

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008486

FILED
Mar 22, 2010
Secretary of State

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:

P.O. BOX 10886
PENSACOLA, FL 32524

FEI Number: 59-3054707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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: STEPHEN R. MOORHEAD

03/22/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BABIKOW, DAVID
Address: 7405 KLONDIKE ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM
Name: BABIKOW, WYONA
Address: 7405 KLONDIKE ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM
Name: BABIKOW, PAUL
Address: 1179 JAGUAR CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM
Name: BABIKOW, MARK
Address: 4030 DUNWODY DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM
Name: MARKOWITZ, CHERYL B
Address: 725 PINEBROOK CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM
Name: MIETLING, BONNIE B
Address: 13 PORT ROYAL WAY
City-St-Zip: PENSACOLA, FL 32502

I hereby 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

03/22/2010

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