


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90003 024 ***138.75

DOCUMENT # L00000014246 1. Entity Name EMERALD PALM TRADING CO., L.L.C.			
Principal Place of Business 4217 HENDERSON BCH RD DESTIN, FL 32541		Mailing Address 1234 ARIPOUT RD #118 DESTIN, FL 32541	
2. Principal Place of Business - No P.O. Box # <i>53 BANNERMAN Beach</i>		3. Mailing Address <i>981 Hwy 98 E</i>	
Suite, Apt. #, etc. <i>Santa Rosa Beach FL</i>		Suite, Apt. #, etc. <i>Suite 3-419</i>	
City & State <i>Santa Rosa Beach FL</i>		City & State <i>DESTIN FL</i>	
Zip <i>32459</i>		Zip <i>32541</i>	
Country		Country	
4. FEI Number 59-3696649		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, LOWELL 1234 AIRPORT RD., #118 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>53 BANNERMAN Beach LN</i> City <i>Santa Rosa Beach FL</i> Zip Code <i>32459</i>	
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 <i>Lowell B. Kelly</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, LOWELL 6150 HAPPY HOLLOW DRIVE MILTON, FL 32570	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>53 BANNERMAN Beach Lane</i> <i>Santa Rosa Beach FL 32459</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: <i>Lowell B. Kelly</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	