

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


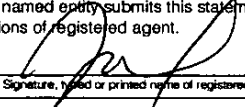
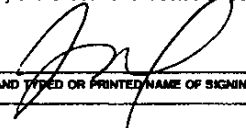
**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90590 004 \*\*\*\*50.00

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02042005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L01000000529</b>			
1. Entity Name EMERALD SANDS INVESTMENTS, L.L.C.			
Principal Place of Business 1369A RAILROAD AVE. CHIPLEY, FL 32428		Mailing Address P.O. BOX 820 CHIPLEY, FL 32428	
2. Principal Place of Business 1352 N Railroad Ave		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Chipley FL		City & State	
Zip 32428	Country USA	Zip	Country
6. Name and Address of Current Registered Agent FLOYD, JON S 1369A RAILROAD AVE CHIPLEY, FL 32428		7. Name and Address of New Registered Agent Name Jon S Floyd Street Address (P.O. Box Number Is Not Acceptable) 1352 N Railroad Ave City Chipley FL Zip Code 32428	
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  Jans. Floyd 3/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLOYD, JON S 1369A RAILROAD AVE. CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1352 N Railroad Ave <input checked="" 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
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		3/11/05 850.638.9996 Date Daytime Phone #	