2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# L01000000529

Entity Name: EMERALD SANDS INVESTMENTS, L.L.C.

Current Principal Place of Business:

1352 N RAILROAD AVE
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 820
CHIPLEY, FL 32428

New Mailing Address:

1311 PINEY GROVE RD
CHIPLEY, FL 32428

FEI Number: 59-3701496 **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:

FLOYD, JON S
1352 N RAILROAD AVE
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

FLOYD, JON S
1311 PINEY GROVE RD
CHIPLEY, FL 32428 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: _____ 07/10/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FLOYD, JON S
Address: 1352 N RAILROAD AVE
City-St-Zip: CHIPLEY, FL 32428

Title: MGR ( ) Delete
Name: FLOYD, JENEE T
Address: 1311 PINEY GROVE RD
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FLOYD, JON S
Address: 1311 PINEY GROVE RD
City-St-Zip: CHIPLEY, FL 32428

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: JENEE T FLOYD MGR 07/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date