

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000008428**

1. Entity Name

THE EMERALD COAST HOLDING COMPANY, L.L.C.**FILED**
Jun 04, 2002 8:00 am
Secretary of State

05-15-2002 90052 047 ****50.00

06-04-2002 90201 047 *****5.00

Principal Place of Business

**7100 E. VALLEY TRAIL
PARADISE VALLEY AZ 85253**

Mailing Address

**7100 E. VALLEY TRAIL
PARADISE VALLEY AZ 85253**

968402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3720776

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIEHN, ROLAND W ESQ.
220 MCKENZIE AVE.
PANAMA CITY FL 32401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOOD, JERRY W
13234 S.E. 246TH COURT
KENT WA 98042** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PETETT-BALL, DARCY
7100 E. VALLEY TRAIL
PARADISE VALLEY, AZ 85253** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BALL, JAMES R
7100 E. VALLEY TRAIL
PARADISE VALLEY AZ 85253** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANTE, MARK E. JR.
9320 CLERENCE STREET
PANAMA CITY BEACH FL 32407** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANTE, MARK E. JR.
209 SAN PABLO STREET
PANAMA CITY BEACH, FL 32413** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-2002 (850) 230-3902

CR2E083 (9/01)