

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019406

Entity Name: EMERALD CITY, LLC

FILED  
Mar 06, 2009  
Secretary of State

**Current Principal Place of Business:**

1225 TAMiami TRL B-20  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

342 GREEN DOLPHIN DR  
PLACIDA, FL 33946

**New Mailing Address:**

FEI Number: 73-1651121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHALEY, KIPP  
342 GREEN DOLPHIN DR  
PLACIDA, FL 33946 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: WHALEY, KIPP  
Address: 342 GREEN DOLPHIN DR  
City-St-Zip: PLACIDA, FL 33946

Title: VP ( ) Delete  
Name: BENITEZ, ANDRES  
Address: 138 CREEK DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33949

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KIPP WHALEY

P

03/06/2009

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