


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90030 018 ****50.00

DOCUMENT # L01000020565	
1. Entity Name EMERALD COAST I (LTD. CO.)	

Principal Place of Business 4 ELEVENTH AVE., STE. ONE SHALIMAR FL 32579	Mailing Address P.O. BOX 6679 DESTIN FL 32550
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2. Principal Place of Business	3. Mailing Address P.O. Box 299
Suite, Apt. #, etc.	Suite, Apt. #, etc. PASCAGOULA MS.
City & State	City & State
Zip	Country
39568-0299	U.S.A.

1st MOORE CR2E083 (10/04)

4. FEI Number 59-3760557	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PERRI, DANIEL C 4 ELEVENTH AVE., STE. ONE SHALIMAR FL 32579	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, ROBERT D 84SUNFISH ST DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Allen, Robert D. 3907 Riverwood Drive Moss Point, MS 39563 <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
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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 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: *Robert D. Allen* **Robert D. Allen** **3-1-05 (228) 475-5363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #