

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90022 050 \*\*\*\*50.00

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DOCUMENT # **L01000022279**

1. Entity Name

**D & L INVESTMENTS OF THE EMERALD COAST, LLC**



Principal Place of Business

**3474 SCENIC HIGHWAY 98  
DESTIN FL 32541**

Mailing Address

**3474 SCENIC HIGHWAY 98  
DESTIN FL 32541**

**30143301**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **27-0017204**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARBER, JAY O  
2001 CHATSWORTH WAY  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **DENNIS T JONES**

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

**3474 SCENIC HIGHWAY 98**

City **DESTIN, FL**

**FL**

Zip Code **32541**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Dennis Jones*

**7/14/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, DENNIS T MGR</b>	
STREET ADDRESS	<b>3474 SCENIC HIGHWAY 98</b>	
CITY - ST - ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>HARTIN, LINDA C MGR</b>	
STREET ADDRESS	<b>3474 SCENIC HIGHWAY 98</b>	
CITY - ST - ZIP	<b>DESTIN FL 32541</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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: *Dennis Jones* **SIGNATURE REQUIRED**

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

**7/14/03**

**(850) 654 1887**

Date Daytime Phone #

CR2E083 (4/03)