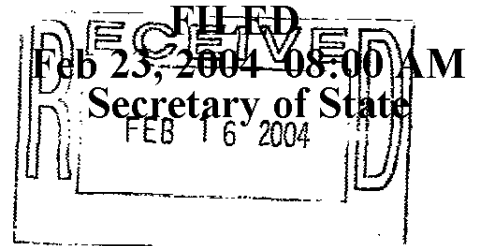


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L02000008926

1. Entity Name
EMERALD COAST DIVERSIFIED, L.L.C.



Principal Place of Business
**928-D MAR WALT DRIVE
FORT WALTON BEACH, FL 32547**

Mailing Address
**928-D MAR WALT DRIVE
FORT WALTON BEACH, FL 32547**



02162004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2321622	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547**

**DO NOT WRITE
IN THIS SPACE**

6. 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 terminating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, WILLIAM R M.D. 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DLABAL, THOMAS D.M.D. 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEY, THEODORE I M.D. 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THACKERAY, JASON W M.D. 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARBURTON, JOHN C M.D. 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0000000830
02/23/04-80054-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Theodore I Macey THEODORE I MACEY 2/17/04 (850) 862-7403 x-194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #