


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000008926</b> 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
--	--



01052005No 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 <input type="checkbox"/>	\$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
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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.

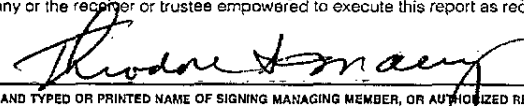
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

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	

<p>U000000210659 02/02/05-80087-013 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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:**  **1/31/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #