

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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**



02062006 No Chg-LLC

CR2E083 (11/05)

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**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

U00000432655
02/23/06-80077-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date

Daytime Phone #

2/16/06 850/863-2153