
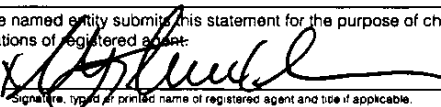
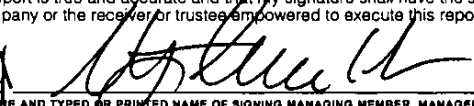


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90123 021 ***138.75

DOCUMENT # L02000008926 1. Entity Name EMERALD COAST DIVERSIFIED - DESTIN, 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	
2. Principal Place of Business - No P.O. Box # 1034 MAR WALT DR		3. Mailing Address same	
Suite, Apt. #, etc. STE. 310		Suite, Apt. #, etc. 	
City & State Fort Walton Beach, FL		City & State 	
Zip 32547		Country oklahoma	
4. FEI Number 56-2321622		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACEY, THEODORE I MD 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1034 MAR WALT DR. STE. 310 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  DATE 4/3/08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, WILIAM R MD 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1034 MAR WALT DR, STE 310 Fort Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TENHOLDER, MARK J 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TENHOLDER, MARK J. 1034 MAR WALT DR, STE 310 Fort Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACEY, THEODORE I MD 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THACKERAY, JASON W MD 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARBURTON, JOHN C M.D. 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGUSTINE, JOSEPH R 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Agostinelli, Joseph R 1034 MAR WALT DR, STE 310 Fort Walton Beach, FL 32547
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 		Date 4/3/08 (850) 315-9207	