2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L02000008926

Entity Name: EMERALD COAST DIVERSIFIED - DESTIN, L.L.C.

Current Principal Place of Business:

1034 MAR WALT DR STE 310
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

1034 MAR WALT DR
STE 310
FORT WALTON BEACH, FL 32547

Current Mailing Address:

1034 MAR WALT DR STE 310
FORT WALTON BEACH, FL 32547

New Mailing Address:

1034 MAR WALT DR
STE 310
FORT WALTON BEACH, FL 32547

FEI Number: 56-2321622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACEY, THEODORE I MD
1034 MAR WALT DR STE 310
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

MACEY, THEODORE I MD
1034 MAR WALT DR
STE 310
FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: WILLIAM R MARSHALL 01/08/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	D	( ) Delete
Name:	MARSHALL, WILIAM R MD	
Address:	1034 MAR WALT DR STE 310	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	P	( ) Delete
Name:	TENHOLDER, MARK J	
Address:	1034 MAR WALT DR STE 310	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	S	( ) Delete
Name:	MACEY, THEODORE I MD	
Address:	1034 MAR WALT DR STE 310	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	V	( ) Delete
Name:	THACKERAY, JASON W MD	
Address:	1034 MAR WALT DR STE 310	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	MGRM	( ) Delete
Name:	WARBURTON, JOHN C M.D.	
Address:	1034 MAR WALT DR STE 310	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	DP	( ) Delete
Name:	AGOSTINELLI, JOSEPH R	
Address:	1034 MAR WALT DR STE 310	
City-St-Zip:	FORT WALTON BEACH, FL 32547	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM R MARSHALL D 01/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date