2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2012
Secretary of State

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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:

Current Mailing Address:

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

New Mailing Address:

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:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: D
Name: MARSHALL, WILIAM R MD
Address: 1034 MAR WALT DR STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: P
Name: TENHOLDER, MARK J
Address: 1034 MAR WALT DR STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S
Name: MACEY, THEODORE I MD
Address: 1034 MAR WALT DR STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: V
Name: THACKERAY, JASON W MD
Address: 1034 MAR WALT DR STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM
Name: WARBURTON, JOHN C M.D.
Address: 1034 MAR WALT DR STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DP
Name: AGOSTINELLI, JOSEPH R
Address: 1034 MAR WALT DR STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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 Statues.

SIGNATURE: THEODORE I. MACEY MGRM 01/16/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date