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Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90025 013 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010076

1. Entity Name
EMERALD COAST CREATIONS, L.L.C.

Principal Place of Business
638 ANCHORS ST., SUITE B
FORT WALTON BEACH, FL 32548

Mailing Address
~~3215 RIVER DRIVE~~
~~SUGARLAND, TX 77479~~
638 Anchors St Suite B
Fwb, FL 32548

04092004No Chg-LLC CR2E083 (10/03)

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4. FEI Number
03-0442898
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 DR., SUITE 1014
FT. WALTON BEACH, FL 32547

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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, specd of printed name of registered agent and title, if applicable. (Entity / Registered Agent signature required when resigning) DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHRISTY, JAMES J
STREET ADDRESS	6921 SEA BASS CIR.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	MGRM
NAME	DISAN, LTD.
STREET ADDRESS	6921 SEA BASS CIR.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM/MC MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Telephone Number