



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90048 031 \*\*\*\*50.00

<b>DOCUMENT # L02000010076</b> 1. Entity Name <b>EMERALD COAST CREATIONS, L.L.C.</b>					
Principal Place of Business <b>638 ANCHORS ST., SUITE B FORT WALTON BEACH, FL 32548</b>			Mailing Address <b>638 ANCHORS ST., SUITE B FORT WALTON BEACH, FL 32548</b>		
2. Principal Place of Business <b>135 Ponderosa Pines</b> Suite, Apt. #, etc. <b>STE D</b>		3. Mailing Address <b>122 Mariner Ln.</b> Suite, Apt. #, etc.			
City & State <b>Port St. Joe, FL</b>		City & State <b>Port St. Joe, FL</b>		4. FEI Number <b>03-0442898</b>	
Zip <b>32456</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOSTER, WILLIAM SCOTT 909 MAR WALT DR., SUITE 1014 FT. WALTON BEACH, FL 32547</b>			7. Name and Address of New Registered Agent Name <b>James J. Christy</b> Street Address (P.O. Box Number is Not Acceptable) <b>122 Mariner Lane</b> City <b>Port St. Joe, FL</b> Zip Code <b>32456</b>		
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 <u><i>James J. Christy</i></u> <b>James J. Christy</b> <span style="float: right;">4/20/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTY, JAMES J 6921 SEA BASS CIR. NAVARRE, FL 32566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>122 Mariner Lane</b> <b>Port St. Joe, FL 32456</b>
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DISAN, LTD. 6921 SEA BASS CIR. NAVARRE, FL 32566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>122 Mariner Lane</b> <b>Port St. Joe, FL 32456</b>
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	---
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	---
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	---
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>James J. Christy</i></u> <b>James J. Christy</b>				<b>4/20/05</b> <b>850-227-3232</b> <small>Date Daytime Phone #</small>	