

FILED  
Mar 18, 2003 8:00 am  
Secretary of State

02-12-2003 90004 033 \*\*\*\*50.00

2/1

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010076

1. Entity Name

EMERALD COAST CREATIONS, L.L.C.



Principal Place of Business

~~3215 RIVER DRIVE~~  
~~SUGARLAND TX 77479~~

Mailing Address

~~3215 RIVER DRIVE~~  
~~SUGARLAND TX 77479~~

2. Principal Place of Business

638 Anchors St.  
Suite B

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Walton Beach FL

City & State

Zip

32548

Country

USA

Zip

Country

4. FEI Number

03-0442898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT  
909 MAR WALT DR, SUITE 1014  
FT. WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME CHRISTY, JAMES J  
STREET ADDRESS ~~3215 RIVER DRIVE~~ 6921 Sea Bass Circle  
CITY-ST-ZIP ~~SUGARLAND TX 77479~~ Navarre FL 32566

TITLE MGRM  
NAME DISAN, LTD.  
STREET ADDRESS ~~3215 RIVER DRIVE~~ 6921 Sea Bass Circle  
CITY-ST-ZIP ~~SUGARLAND TX 77479~~ Navarre, FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

*[Signature]*

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2-7-03

Daytime Phone #

850 664-0620

CR2E083 (10/02)