2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000011568

1. Entity Name

100 ÉMERALD BEACH WAY LC



Principal Place of Business

Mailing Address

100 EMERALD BEACH WAY PALM BEACH, FL 33480 100 EMERALD BEACH WAY PALM BEACH, FL 33480 FILED Apr 28, 2008 08:00 AN Secretary of State



04172008 No Chg-LLC

CR2E083 (12/07)

Daylme Phone #

4. FEI Number	 	Applied For
03-0443772		Not Applicable
5. Certificate of Status Desired	\$5.00	O Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

the obligations of registered agent.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

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SIGNATURE LA MIA JACOBS Sprokline broad or protect page of protecting sprokline & produce the of protecting sprokline and sprokline broad or protecting sprokline broad or protecting sprokline and sp				
Signature, typed or printed name of registered agent and title of applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBS, LAMIA 350 ROUND HILL RD GREENWICH, CT 06831		U00000925702 05/20/08-80087-006 138.75	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.				

IAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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