


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90218 025 ****55.00

DOCUMENT # L02000027173


1. Entity Name
EMERALD BEACH RESORT COMMERCIAL PROPERTIES, L.L.C.



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|--|--|
| Principal Place of Business 111 SO. MONROE STREET, SUITE 3000 TALLAHASSEE, FL 32301 | Mailing Address 111 SO. MONROE STREET, SUITE 3000 TALLAHASSEE, FL 32301 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |



01212004 Chg-LLC CR2E083 (10/03)

| | |
|--|---------------------------------------|
| 4. FEI Number 02-0678046 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

BARRETT, DAVID A
111 SO. MONROE STREET, SUITE 3000
TALLAHASSEE, FL 32301

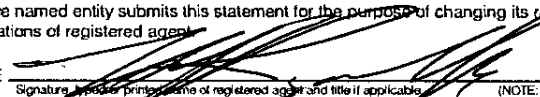
7. Name and Address of New Registered Agent

Name
Royall, H. J., Jr.

Street Address (P.O. Box Number is Not Acceptable)
2933 West SR 434, Suite 101

City
Longwood FL Zip Code
32779

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  **H.J. Royall Jr.** DATE **03-31-04**

Signature and/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROYALL, H.J. JR. 111 SO. MONROE STREET, SUITE 3000 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2933 West SR 434, Suite 101 Longwood, FL 32779 |
| 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 |
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| 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.

SIGNATURE:  **H.J. Royall Jr.** Date **3-31-04** 407-774-0303
Signature and typed or printed name of signing managing member, manager, or authorized representative. Daytime Phone #