
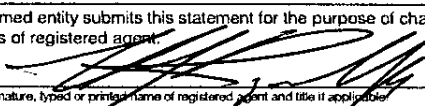
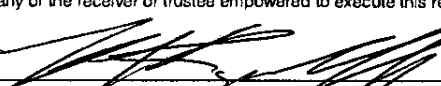


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-09-2004 90218 020 \*\*\*\*55.00

<b>DOCUMENT # L02000027183</b> 1. Entity Name <b>EMERALD BEACH RESORT REALTY, L.L.C.</b>					
Principal Place of Business <b>111 SO. MONROE STREET, SUITE 3000 TALLAHASSEE, FL 32301</b>			Mailing Address <b>111 SO. MONROE STREET, SUITE 3000 TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>13-4240392</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BARRETT, DAVID A 111 SO. MONROE STREET, SUITE 3000 TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>Royall, H. J., Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2933 West SR 434, Suite 101</b> City <b>Longwood</b> <b>FL</b> Zip Code <b>32779</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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		<b>H.J. Royall Jr.</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>3-31-04</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</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	<b>MGR ROYALL, H.J. JR 111 SO. MONROE STREET, SUITE 3000 TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2933 West SR 434, Suite 101 Longwood, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>H.J. Royall Jr.</b> <b>3-31-04</b> <b>407-774-0303</b> <small>Date Daytime Phone #</small>	