


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000013445**  
 1. Entity Name  
**EMERALD VIEW PROPERTIES, L.L.C.**



Principal Place of Business: **4737 PAPAYA PARK, DESTIN, FL 32541**  
 Mailing Address: **4737 PAPAYA PARK, DESTIN, FL 32541**



04242005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **06-1688740** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DAVID, DONALD W III**  
**4737 PAPAYA PARK**  
**DESTIN, FL 32541**

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

U00000337038  
 04/27/05 80152 019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID, DONALD W III 4737 PAPAYA PARK DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMSON, JEFF 151 REGIONS WAY, SUITE 4A DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JOHNNY 5835 FRIENDSHIP LANE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ **4/25/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #