## 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**DOCUMENT # L03000013620** 

## SECRETARY OF STATE EMERALD COVE FLORIDA, LLC TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 251 O'CONNOR RIDGE BOULEVARD 251 O'CONNOR RIDGE BOULEVARD SUITE 100 SUITE 100 IRVING, TX 75038 IRVING, TX 75038 2. Principal Place of Business 3. Mailing Address 510 East Zaragoza P.O. Box 524 Suite, Apt. #, etc. Suite, Apt. #, etc. 11172004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Pensacola, Orange Beach 30-0187701 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired USA USA 36561 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Smith, G. Thomas Streel Address (P.O. Box Number is Not Acceptable) 510 East Zaragoza HART, W. CHRISTOPHER 34990 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541 City Zip Code 32502 Pensacola 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered again. of office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ac G. Thomas Smith <u>1/17/</u>04 Amended AR is \$50.00 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE MGRM X Delete TITLE Change XXAddition MCMURPHY, EDWARD NAME NAME Dyess, William C. 251 O'CONNOR RIDGE BOULEVARD, SUITE 100 3800 Grand Key Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IRVING, TX 75038 CITY-ST-ZIP Orange Beach, AL 36561 TITLE Delete TITLE Change Addition NAME NAME 800043049888 11/29/04--01084--007 \*\*\*50.00 STREET ADDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-ZIP TITLE ☐ Dalela TITLE ☐ Change Addition NAME KAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delate TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 11. Thereby 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. William C. Dyess Managing Member 11/17/04 SIGNATURE: 251-981-7070 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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