


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90069 014 ***138.75

DOCUMENT # L03000016760	
1. Entity Name EMERALD COAST RESEARCH ASSOCIATES, P.L.	

Principal Place of Business 2195 JENKS AVE. PANAMA CITY, FL 32405	Mailing Address 2195 JENKS AVE. PANAMA CITY, FL 32405
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2. Principal Place of Business - No P.O. Box # 221 E. 23 rd St	3. Mailing Address 221 E. 23 rd St
Suite, Apt. #, etc. #B	Suite, Apt. #, etc. #B

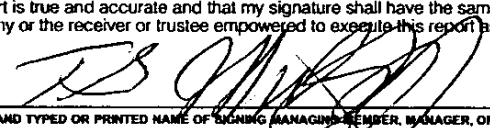
City & State Panama City FL	City & State Panama City FL
Zip 32405	Country USA
Zip 32405	Country USA

6. Name and Address of Current Registered Agent KIEHN, ROLAND W ESQ 220 MCKENZIE AVE. PANAMA CITY, FL 32401	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORIARTY, TIMOTHY G 489 WAHOO RD. P.O. BOX 27674 PANAMA CITY, FL 32411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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.	
SIGNATURE: 	Date: 4.1.08 Daytime Phone #: 850-885-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	