

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90110 032 \*\*\*\*50.00

**DOCUMENT # L03000032159**

1. Entity Name  
EMERALD COAST INVESTMENTS, LLC



Principal Place of Business  
2441 E. HWY 98, UNIT 108  
SANTA ROSA BEACH, FL 32459

Mailing Address  
2441 E. HWY 98, UNIT 108  
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business  
40 Claren Dr.

3. Mailing Address  
40 Claren Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Panama City Beach, FL

City & State  
Panama City Beach, FL

Zip  
32413

Country

Zip  
32413

Country

03212005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
NOT APPLICABLE 20-0180579

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

COFFIELD, P. COLLEEN  
1719 S. COUNTY HIGHWAY 393  
SANTA ROSA BEACH, FL 32459

## 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME NICHOLAS, LANCE G  
STREET ADDRESS 250 CLAREON DR.  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE MGRM ☐ Delete  
NAME ROTTNER, MICHAEL L  
STREET ADDRESS 10195 HIGH FALLS POINTE  
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Nicholas, Lance G  
STREET ADDRESS 40 Claren Dr.  
CITY-ST-ZIP Panama City Beach, FL 32413

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850 258 3558