


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90118 011 ****50.00

DOCUMENT # L03000032159 1. Entity Name EMERALD COAST INVESTMENTS, LLC					
Principal Place of Business 40 CLARCON DR PANAMA CITY BEACH, FL 32413 US			Mailing Address 40 CLARCON DR PANAMA CITY BEACH, FL 32413 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0180599	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLAS, LANCE G 40 CLAREAN DR PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTTNER, MICHAEL L 10195 HIGH FALLS POINTE ALPHARETTA, GA 30022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>LANCE NICHOLAS</u> <u>5/1/06</u> <u>850 258 3558</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

20040510

#L03000032159

CARR, RIGGS INGRAM, LLC
4460 LEGENDARY DRIVE, SUITE 100
DESTIN, FLORIDA 32541
850-837-3141

FILING INSTRUCTIONS

**2006 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

Name: Emerald Coast Investments, LLC

Date Due: May 1, 2006

Remittance: \$50.00 is to be filed with the form and the check should be made payable to the Florida Department of State.

Mail to: Limited Liability Company
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

Signature: This return should be reviewed for accuracy with any corrections or changes made in the space provided. The form should be signed and dated on page 1 by the managing member, manager, or authorized representative of the organization.

Other: Changes must be typed or printed in ink and legible.