## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 09, 2006 8:00 am Secretary of State

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DOCUMENT # L03000037602  1. Entity Name EMERALD COAST DEVELOPERS GROUP, LLC					05-09-2006 90011 038 ****50.00				
Principal Place of Business		Mailing Address		20045363					
5235-B WILLING STREET MILTON, FL 32570		5235-B WILLING STREET Milton, Fl 32570							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State		4. FEI Number		_		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
				Name					
ELLIOT, J. 5235-B WI MILTON, F	LLING STREET	Street Address (		(P.O. Box Number	r is Not Acceptable	9)			
			City				FL	Zip Code	3
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registere	d office or registe	ered agent, or both	, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	1 Agent signature require	ed when reinstating)	<del></del> -	DATE		
	ling Fee is \$50.00 ue by May 1, 2006				Make check payable to Florida Department of State				
•	MANIA CINIC MEMOR	DO /MANIACEDO	10.			ADDITIONS/	CHANCES		
9.	MANAGING MEMBE					AMDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITLE					Change	Addition
NAME CERTET LODGECC	PIERCE, MARHA 6223 STARHILL DR.		NAME	ET ADDRESS					
STREET ADDRESS	MILTON, FL 32570			ST-ZIP					
CITY-ST-ZIP									
TITLE	MGRM	☐ Delete	TITLE	l				☐ Change	Addition
NAME	ELLIOT, JOHN DAVID		NAM8						
STREET ADDRESS	5235 B WILLING STREET			ET ADDRESS					
CITY-ST-ZIP	MILTON, FL 32570		CITY -	-ST-ZIP		·			
TITLE	MGRM	Delete	TITLE					☐ Change	Addition 🔲
NAME	MOORE, THOMAS		NAME						
STREET ADDRESS	11355 EVA LANE			ET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY	ST-ZiP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAMI	E					
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		Delete	TITLE					☐ Change	☐ Addition
NAME		L Color	NAMI						<b>—</b>
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		Delete	TITLE	:				☐ Change	Addition
NAME		L. Delete	NAMI						
STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP				- ST-ZIP					
		ing does not availe to			d in Charter 110	Florida Statutas 14	urthor codific	that the left	rmation
indicated	certify that the information sill on this report is true and a shill the company or the receiv	ing does not qualify for ignature shall have vered to execute this	e the same	e legal effect as if	made under oath;	that I am a manag	ging membe	r or manage	er of the

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