2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039391

1. Entity Name
30A/EMERALD COAST INVESTMENT POROPERTIES LLC

Principal Place of Business	Mailing Address
513 CALLE ESCADA SANTA ROSA BEACH, FL 32459 US	513 CALLE ESCADA SANTA ROSA BEACH, FL 32459 US

03162005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0829385
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOORES, JOHN A
513 CALLE ESCADA
SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHATHAM, GERRY W
STREET ADDRESS	61 OLD CANTON RD.
CITY-ST-ZIP	MARIETTA, GA 30068
TITLE	MGRM
NAME	WILSON, CHARLES
STREET ADDRESS	6894 SONGBIRD CIRCLE
CITY-ST-ZIP	SPRINGDALE, AR 72762
TITLE	MGR
NAME	MOORES, JOHN A
STREET ADDRESS	513 CALLE ESCADA
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80092-022 50.00

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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: John A Moores JOHN A MOORES 4-28-05 850-622-4709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #