

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039391

FILED
Mar 25, 2008
Secretary of State

Entity Name: 30A/EMERALD COAST INVESTMENT POROPERTIES LLC

Current Principal Place of Business:

207 BEACHFRONT TRAIL #12
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

207 BEACHFRONT TRAIL #12
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 20-0829385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, CHARLES C
207 BEACHFRONT TRAIL #12
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHATHAM, GERRY W
Address: 61 OLD CANTON RD.
City-St-Zip: MARIETTA, GA 30068 US

Title: MGR () Delete
Name: WILSON, CHARLES
Address: 207 BEACHFRONT TRAIL #12
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: MOORES, JOHN A
Address: 6894 SONGBIRD CIRCLE
City-St-Zip: SPRINGDALE, AR 72762 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES C WILSON

MGR

03/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date