


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

07-29-2004 90144 022 ****50.00

DOCUMENT # L03000050939			
1. Entity Name: DEVELOPMENT GROUP OF THE EMERALD COAST, LLC			
Principal Place of Business 458 RICKEY AVENUE SANTA ROSA BEACH, FL 32459		Mailing Address 458 RICKEY AVENUE SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business 289 Williams St State, Apt. #, etc.		3. Mailing Address 289 Williams St State, Apt. #, etc.	
City & State SEAGROVE BEACH FL Zip 32459 Country USA		City & State SEAGROVE BEACH FL Zip 32459 Country USA	
4. FEI Number 20-0466-554		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BRAD CONGLETON CPA, INC. 50 UPTOWN GRAYTON CIRCLE 15 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 obligation of registered agent.			
SIGNATURE _____ DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
II. REMOVING MEMBERS/MANAGERS		III. ADDITIONS/CHANGES	
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP
	MGRM PAQUETTE, SCOTT 458 RICKEY AVENUE SANTA ROSA BEACH, FL 32459		MGR CASSANDRA PROJETZ 289 WILLIAMS ST SEAGROVE BEACH FL 32459
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP
			MGRM SCOTT PAQUETTE 289 WILLIAMS ST SEAGROVE BEACH FL 32459
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME STREET ADDRESS CITY-STATE-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 exemption stated in Section 1600(3)(a), 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 of a trustee empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE <i>Scott C. Paquette</i>		Date <i>July 26, 2004</i>	