


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90126 016 \*\*\*\*50.00

<b>DOCUMENT # L03000050939</b>	
1. Entity Name DEVELOPMENT GROUP OF THE EMERALD COAST, LLC	

Principal Place of Business 289 WILLIAMS ST SEAGROVE BEACH, FL 32459	Mailing Address 289 WILLIAMS ST SEAGROVE BEACH, FL 32459
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20053435



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 135C GARTON VILLAGES RD		Suite, Apt. #, etc. PO Box 2549	
City & State SANTA ROSA BEACH FL		City & State SANTA ROSA BEACH FL	
Zip 32459	Country WALTON	Zip 32459	Country

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0466554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required <input checked="" type="checkbox"/>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRAD CONGLETON CPA, INC. 50 UPTOWN GRAYTON CIRCLE 15 SANTA ROSA BEACH, FL 32459		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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAQUETTE, SCOTT 289 WILLIAMS ST SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** SCOTT C PAQUETTE 4/30/05 850-685-0456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #