

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001887

FILED
Feb 03, 2005
Secretary of State

Entity Name: EMERALD COAST DRAGWAY, LLC

Current Principal Place of Business:

153 WOODLAND BAYOU DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

153 WOODLAND BAYOU DRIVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-0567561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TINDLE, SONYA L
153 WOODLAND BAYOU DRIVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

CONERLY, LAMAR A
4481 LEGENDARY DRIVE, STE 200
DESTIN, FL 32541 US

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: LAMAR A. CONERLY

02/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TINDLE, SONYA L
Address: 153 WOODLAND BAYOU DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: TINDLE, TIM D
Address: 153 WOODLAND BAYOU DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: TINDLE, TIM D
Address: 153 WOODLAND BAYOU DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIM D. TINDLE

MGRM

02/03/2005

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