


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90015 027 ****50.00

DOCUMENT # L04000022288					
1. Entity Name EMERALD GULF PROPERTIES, LLC					
Principal Place of Business 11208 HUTCHINSON BLVD. 147 PANAMA CITY BEACH, FL 32407			Mailing Address 11208 HUTCHINSON BLVD. 147 PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0933032 Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAIN, GAVIN 11208 HUTCHINSON BLVD. 147 PANAMA CITY BEACH, FL 32407			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: <u>Gavin Bain</u> DATE: <u>7-5-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRELL, MATHEW L		NAME		
STREET ADDRESS	4307 JONES BRIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 30092		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIN, GAVIN		NAME	11208 Hutchison Blvd #147	
STREET ADDRESS	6211 SUNSET AVE., APT. B		STREET ADDRESS	Panama City, Beach, FL 32407	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Gavin Bain</u>			Date: <u>7-5-05</u> Daytime Phone #: <u>(850) 960-0350</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					