

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-28-2005 90040 023 ****55.00

DOCUMENT # L04000025164

1. Entity Name
EMERALD COVE VILLAS, L.L.C.



Principal Place of Business
2933 WEST STATE ROAD 434, SUITE 101
LONGWOOD, FL 32779-4457

Mailing Address
2933 WEST STATE ROAD 434, SUITE 101
LONGWOOD, FL 32779-4457



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
52-2443912

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

50

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYALL, H J JR.
2933 WEST STATE ROAD 434, SUITE 101
LONGWOOD, FL 32779-4457

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
ROYALL, H J JR.
2933 WEST STATE ROAD 434, SUITE 101
LONGWOOD, FL 32779-4457 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

H.J. Royall Jr

Date

Daytime Phone #

4-6-05

407-774-5353