

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90040 034 ****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

60042667



2. Principal Place of Business - No P.O. Box #

1110 DOUGLAS AVE

3. Mailing Address

1110 DOUGLAS AVE

Suite, Apt. #, etc.

SUITE 2050

Suite, Apt. #, etc.

SUITE 2050

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

U.S.A.

Zip

32714

Country

U.S.A.

03092007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

52-2443912

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
ROYALL, H. J. JR.

Street Address (P.O. Box Number is Not Acceptable)

1110 DOUGLAS AVE

SUITE 2050

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROYALL, H J JR.
2933 WEST STATE ROAD 434, SUITE 101
LONGWOOD, FL 327794457

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1110 DOUGLAS AVE SUITE 2050
ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/25/07