

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90115 018 ***143.75

DOCUMENT # L04000025164	
1. Entity Name EMERALD COVE VILLAS, L.L.C.	

Principal Place of Business 1110 DOUGLAS AVE STE 20520 ALTAMONTE SPRINGS, FL 32714	Mailing Address 1110 DOUGLAS AVE STE 20520 ALTAMONTE SPRINGS, FL 32714
---	---

50003633



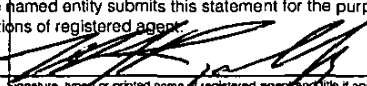
2. Principal Place of Business - No P.O. Box # 365 WEKIVA SPRINGS RD Suite, Apt. #, etc. SUITE 231 City & State LONGWOOD, FL Zip 32779 Country USA	3. Mailing Address 365 WEKIVA SPRINGS RD Suite, Apt. #, etc. SUITE 231 City & State LONGWOOD, FL Zip 32779 Country USA
---	---

01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 52-2443912	Applied For ☐ Not Applicable
-----------------------------	--

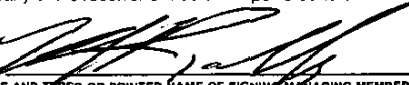
5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent ROYALL, H J JR. 1110 DOUGLAS AVE STE 2050 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name ROYALL, H.J. JR. Street Address (P.O. Box Number is Not Acceptable) 365 WEKIVA SPRINGS ROAD SUITE 231 City LONGWOOD FL Zip Code 32779
--	--

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 	DATE 4/11/08
---	--	-----------------

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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. 1110 DOUGLAS AVE STE 2050 ALTAMONTE SPRINGS, FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROYALL, H.J. JR. 365 WEKIVA SPRINGS RD SUITE 231 LONGWOOD, FL 32779 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: 	DATE 4/11/08 Daytime Phone # 407 774-0393