2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State
04-16-2008 90115 018 ***143.75

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

50003633

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

01282008 Chg-LLC CR2E083 (12/06)

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

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 [signature] 4/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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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: [signature] 4/11/08 407 774-0323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #