

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035238

FILED
Feb 22, 2005
Secretary of State

Entity Name: EMERALD COAST INVESTMENT GROUP, L.L.C.

Current Principal Place of Business:

401-A MOUNTAIN DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

401-A MOUNTAIN DRIVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-1100552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWEN, DAVID A
1221 AIRPORT ROAD, SUITE 208
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CHANDLER, WILLIAM J
Address: 401-A MOUNTAIN DRIVE
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHANDLER, WILLIAM J
Address: 401-A MOUNTAIN DRIVE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Change (X) Addition
Name: COATSWORTH, RICHARD D
Address: 401-A MOUNTAIN DRIVE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Change (X) Addition
Name: SEITZ, PATRICK D
Address: 401-A MOUNTAIN DRIVE
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PATRICK D SEITZ

MGRM

02/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date