2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2006
Secretary of State

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Entity Name: EMERALD COAST ENTERPRISES OF 30-A, L.L.C.

Current Principal Place of Business:

207 BEACHFRONT TRAIL
12
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

207 BEACHFRONT TRAIL
12
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-1382222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, CHARLES C
207 BEACHFRONT TRAIL
12
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

WILSON, CHARLES C MR.
207 BEACHFRONT TRAIL
12
SANTA ROSA BEACH, FL 32459 US

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: CHARLES C WILSON 07/20/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BARTZ, SHIRLEY J MS.
Address: 4635 POLARIS LANE N
City-St-Zip: PLYMOUTH, MN 55446

Title: MGRM ( ) Delete
Name: BEDNER, SHEILA J MS.
Address: 4635 POLARIS LANE N
City-St-Zip: PLYMOUTH, MN 55446

Title: MGRM (X) Delete
Name: WILSON, CINDY L MRS.
Address: 207 BEACHFRONT TRAIL # 12
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR (X) Delete
Name: WILSON, CHARLES C MR.
Address: 207 BEACHFRONT TRAIL # 12
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR (X) Delete
Name: J, CLARK G MR.
Address: 493 SOMERSET BRIDGE ROAD
City-St-Zip: SANTA ROSA BEACH, FL 324596424

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: WILSON, CHARLES C MR.
Address: 207 BEACHFRONT TRAIL #12
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM (X) Change ( ) Addition
Name: CLARK, JOHN G MR.
Address: 350 BEACHFRONT TRAIL #1
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES C WILSON PRES 07/20/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date