2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000047007

1. Entity Name
EMERALD COAST INVESTMENT PROPERTIES, LLC

Principal Place of Business	Mailing Address
116 LAKEWOOD DR THOMASVILLE, GA 31792	116 LAKEWOOD DR THOMASVILLE, GA 31792

07072006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1261621
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

U00000569882
07/13/06-80007-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HUNTER, ORMAND E JR
STREET ADDRESS	116 LAKEWOOD DR
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	MGR
NAME	FOY, DARIN L
STREET ADDRESS	116 LAKEWOOD DR
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ormand E Hunter Jr. 7-7-06 229-228-7449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #