

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047708

FILED
May 01, 2006
Secretary of State

Entity Name: EMERALD COAST PAVERS, L.L.C.

Current Principal Place of Business:

152 COUNTRY CLUB DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

152 COUNTRY CLUB DRIVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-1289829 **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:

TAYLOR, SAMUEL B ESQ
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

BROMHAM, MALCOLM J
152 COUNTRY CLUB DRIVE
DESTIN, FL 32541 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: MALCOLM BROMHAM

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROMHAM, MALCOLM
Address: 152 COUNTRY CLUB DIRVE
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: GIUFFRIDA, DEAN
Address: 152 COUNTRY CLUB DRIVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

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: MALCOLM BROMHAM

MGR

05/01/2006

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