2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# L04000065468

Entity Name: EMERALD COAST OXYGEN & MEDICAL EQUIPMENT SUPPLY L.L.C.

Current Principal Place of Business:

8189 MILLER ST.
LAUREL HILL, FL 32567

New Principal Place of Business:

8189 B MILLER ST.
LAUREL HILL, FL 32567

Current Mailing Address:

8189 MILLER ST.
LAUREL HILL, FL 32567

New Mailing Address:

8189 B MILLER ST.
LAUREL HILL, FL 32567

FEI Number: 32-0128432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, BARBAR R
8189 MILLER ST.
LAUREL HILL, FL 32567 US

Name and Address of New Registered Agent:

WILLIAMS, BARBARA R
8189 MILLER ST.
LAUREL HILL, FL 32567 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: BARBARA R. WILLIAMS 04/24/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WILLIAMS, BARBARA
Address: 8189 MILLER ST.
City-St-Zip: LAUREL HILL, FL 32567

ADDITIONS/CHANGES:

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 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: BARBARA R. WILLIAMS MGR 04/24/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date