2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# L04000065468

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

Current Principal Place of Business:

8189 B MILLER ST.
LAUREL HILL, FL 32567

New Principal Place of Business:

Current Mailing Address:

8189 B MILLER ST.
LAUREL HILL, FL 32567

New Mailing Address:

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

Name and Address of Current Registered Agent:

WILLIAMS, BARBARA R
8189 MILLER ST.
LAUREL HILL, FL 32567 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/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMS, BARBARA
Address: 8189 MILLER ST.
City-St-Zip: LAUREL HILL, FL 32567

Title: MGR ( ) Change (X) Addition
Name: WESTON, VELMA J
Address: 191 S. E. WENDELL TERRACE
City-St-Zip: LAKECITY, FL 32025

Title: MGR ( ) Change (X) Addition
Name: CREEL, TIMOTHY D
Address: 8189 MILLER STREET
City-St-Zip: LAUREL HILL, FL 32567

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: BARBARA R WILLIAMS MRGM 02/07/2006

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