

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083733

FILED
Apr 13, 2007
Secretary of State

Entity Name: EMERALD COAST INSURANCE & RISK MANAGEMENT, LLC

Current Principal Place of Business:

227 ALCONESE AVENUE SE, UNIT E
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

6317 AUGUSTA COVE
DESTIN, FL 32541

Current Mailing Address:

227 ALCONESE AVENUE SE, UNIT E
FORT WALTON BEACH, FL 32548

New Mailing Address:

6317 AUGUSTA COVE
DESTIN, FL 32541

FEI Number: 77-0652222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, KEVIN
227 ALCONESE AVENUE SE UNIT E
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

MASON, KEVIN
6317 AUGUSTA COVE
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:

04/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MASON, KEVIN
Address: 227 ALCONESE AVENUE SE UNIT E
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MASON, KEVIN
Address: 6317 AUGUSTA COVE
City-St-Zip: DESTIN, FL 32541

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: KEVIN MASON

MGRM

04/13/2007

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