

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089148

FILED
Apr 15, 2005
Secretary of State

Entity Name: FLORIDA EMERALD COAST GROUP, LLC

Current Principal Place of Business:

664 WOODLAND BAYOU DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

664 WOODLAND BAYOU DRIVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-2007667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUPP, ED
664 WOODLAND BAYOU DRIVE
SANTA ROSA BEACH, FL 32459 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/MEMBERS:

Title: MGRM () Delete
Name: TAYLOR, KELLY
Address: 2401 ROBERTS DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: TAYLOR, JUANITA
Address: 3925 BALSAM DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: SMITH, STUART
Address: 4076 INDIAN BAYOU N.
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: RUPP, DONNA
Address: 664 WOODLAND BAYOU DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: RUPP, ED
Address: 664 WOODLAND BAYOU DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: MELTON, NANCY
Address: 510 GULFSHORE #1A
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: STUART SMITH

MGRM

04/15/2005

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