

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000089148

1. Entity Name  
FLORIDA EMERALD COAST GROUP, LLC



Principal Place of Business  
664 WOODLAND BAYOU DRIVE  
SANTA ROSA BEACH, FL 32459

Mailing Address  
664 WOODLAND BAYOU DRIVE  
SANTA ROSA BEACH, FL 32459

**DO NOT WRITE IN THIS SPACE**



02092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2007667

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TAYLOR, KELLY
STREET ADDRESS	2401 ROBERTS DRIVE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	TAYLOR, JUANITA
STREET ADDRESS	3925 BALSAM DRIVE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	SMITH, STUART
STREET ADDRESS	4076 INDIAN BAYOU N.
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	RUPP, DONNA
STREET ADDRESS	664 WOODLAND BAYOU DRIVE
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	MGRM
NAME	RUPP, ED
STREET ADDRESS	664 WOODLAND BAYOU DRIVE
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	MGRM
NAME	MELTON, NANCY
STREET ADDRESS	510 GULF SHORE #1A
CITY-ST-ZIP	DESTIN, FL 32541

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04/16/07-80032-026 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 J Smith STUART J SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/07 850-269-2170

Date

Daytime Phone #