

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013318

**FILED**  
**Feb 12, 2009**  
**Secretary of State**

**Entity Name:** EMERALD COAST HOME DESIGN, L.L.C.

**Current Principal Place of Business:**

4206 LYNN ORA DR.  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

4826 HURON DR  
PENSACOLA, FL 32507 US

**Current Mailing Address:**

P.O. BOX 4824  
PENSACOLA, FL 32507 US

**New Mailing Address:**

**FEI Number:** 52-2451628      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBERTS, STEWART M  
4206 LYNN ORA DR.  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

ROBERTS, STEWART M  
4826 HURON DR  
PENSACOLA, FL 32507 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:

02/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERTS, STEWART M  
Address: 4206 LYNN ORA DR.  
City-St-Zip: PENSACOLA, FL 32504 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBERTS, STEWART M  
Address: 4826 HURON DR.  
City-St-Zip: PENSACOLA, FL 32507 US

I hereby certify that the information supplied with this filing does not qualify 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: STEWART M ROBERTS

PRES

02/12/2009

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