2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 11, 2006 8:00 am Secretary of State DOCUMENT # L05000014245 1. Entity Name 05-11-2006 90020 011 ****55.00 EMERALD COAST CONSTRUCTION, LLC. Principal Place of Business Mailing Address 41 MARSHALL LN. 41 MARSHALL LN. **LOT #1** PENSACOLA, FL 32505 PENSACOLA, FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 06 19505 City & State City & State Applied For Not Applicable Zıp Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUMMINGS, STUART dress (P.O. Box Number is Not Acceptable) 41 MARSHALL LN. LOT #1 PENSACOLA FL 32505 tensacola 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE MGRM TITLE Delete. ☐ Channe ☐ Addition stokes, Kay Ce L. NAME CUMMINGS, STUART NAME 41 Marshall in Lot #1 41 MARSHALL LN, LOT #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP <u>Pensacola, PL 32505</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LEE, BILLY J NAME STREET ADDRESS 41 MARSHALL LN. LOT #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 TITLE Delete TITLE ☐ Change Addition NAME NAME TITUS, PHILLIP STREET ADDRESS STREET ADDRESS 41 MARSHALL LN. LOT#1 CITY-ST-ZIP CITY - ST-ZIP PENSACOLA FL 32505 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and occurate 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 AND TYPES OR PENETED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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