

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/14/2006-90051-005-\$50.00-\$50.00

DOCUMENT # L05000024288

1. Entity Name
EMERALD WATERS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:33

Principal Place of Business
1909 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Mailing Address
1909 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2880229

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, SUSAN S
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME DAVIS, KEVIN M
STREET ADDRESS 1909 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE, FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME CARRUTHERS, MICHAEL D
STREET ADDRESS 1909 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE, FL 32308

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

7/5/06 (850) 548-7244