


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90162 005 ****50.00

DOCUMENT # L05000027836 1. Entity Name WK PROPERTIES OF THE EMERALD COAST, LLC	
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Principal Place of Business 420 C BAYSHORE DRIVE MIRAMAR BEACH, FL 32550	Mailing Address 420 C BAYSHORE DRIVE MIRAMAR BEACH, FL 32550
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00060340



03152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2472214	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KAZEK, JOHN R 420 C BAYSHORE DRIVE MIRAMAR BEACH, FL 32550

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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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAZEK, JOHN R 420 C BAYSHORE DRIVE MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAZEK, DAVID A 3100 SCENIC HIGHWAY 98 #118 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALDEN, LANCE E 200 RED HAWK TRAIL ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John R KazeK 3-15-07 850-650-0070