2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # L05000028150 04-24-2006 90043 038 ****50.00 EMERALD BEACH III 831, LLC Principal Place of Business Mailing Address 146 HERITAGE LANE 146 HERITAGE LANE MADISON, AL 35758 US MADISON, AL 35758 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEAVENGOOD & NASH Street Address (P.O. Box Number is Not Acceptable) 7127 1ST AVENUE S. ST. PETERSBURG, FL 33707 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMYTH, GREG NAME NAME 146 HERITAGE LANE STREET ADDRESS STREET ADDRESS MADISON, AL 35758 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE Delete ☐ Change ☐ Addition SMYTH JILL NAME STREET ADDRESS 146 HERITAGE LANE STREET ADDRESS CITY-ST-ZIP MADISON, AL 35758 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change Addition NAME SCHUMACHER, DANIEL NAME STREET ADDRESS 118 THOMAS WOODS COURT STREET ADDRESS CITY-ST-ZIP HUNTSVILLE, AL 35806 CITY-ST-ZIP MGRM ☐ Delete ☐ Change Addition NAME SCHUMACHER, JEWELL NAME STREET ADDRESS STREET ADDRESS 118 THOMAS WOODS COURT CITY-ST-ZIP HUNTSVILLE, AL 35806 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling 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

FILED