

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029169

FILED  
Aug 20, 2008  
Secretary of State

**Entity Name:** EMERALD CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

2025 TARPON ROAD  
NAPLES, FL 34102

**New Principal Place of Business:**

1170 THIRD STREET SOUTH  
SUITE B-205  
NAPLES, FL 34102

**Current Mailing Address:**

PO BOX 7796  
NAPLES, FL 34101

**New Mailing Address:**

1170 THIRD STREET SOUTH  
SUITE B-205  
NAPLES, FL 34102

**FEI Number:** 20-2667204      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

THORSON, STEPHEN P  
2025 TARPON ROAD  
SUITE 200  
NAPLES, FL 34102 US

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

THORSON, STEPHEN P  
2025 TARPON ROAD  
NAPLES, FL 34102 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: STEPHEN P. THORSON

08/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THORSON, STEPHEN P  
Address: 2025 TARPON ROAD  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVE THORSON

MGRM

08/20/2008

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