2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000030195

Entity Name: EMERALD LAKES, L.L.C.

Current Principal Place of Business:

1840 SOUTHSIDE BOULEVARD, SUITE 1A
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 20-2682535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: COFFEL, JASON E
Address: 1840 SOUTHSIDE BOULEVARD, #1A
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM ( ) Change (X) Addition
Name: SCHRAGER, WILLIAM R
Address: 1840 SOUTHSIDE BOULEVARD, #1A
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON E COFFEL MGRM 04/28/2006

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