

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030715

FILED  
Jun 26, 2007  
Secretary of State

**Entity Name:** EMERALD GROUP PROPERTIES, LLC

**Current Principal Place of Business:**

226 COLLEGE AVE.  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

116 MARLIN DR.  
PANAMA CITY, FL 32405

**Current Mailing Address:**

226 COLLEGE AVE.  
PANAMA CITY, FL 32401

**New Mailing Address:**

POST OFFICE BOX 35091  
PANAMA CITY, FL 32412

**FEI Number:** 11-3755097      **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:**

SCHUBERT, NATALIE  
226 COLLEGE AVE.  
PANAMA CITY, FL 32401      US

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

RIVES, TINA  
116 MARLIN DR.  
PANAMA CITY, FL 32405      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: TINA RIVES

06/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RIVES, TINA  
Address: 226 COLLEGE AVE.  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: SCHUBERT, NATALIE  
Address: 226 COLLEGE AVE.  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: HARPER, SUE  
Address: 116 MARLIN DR.  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: ROBERTS, SUZY  
Address: 347 N. MCARTHUR  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES:**

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

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

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

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: TINA RIVES

MGRM

06/26/2007

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