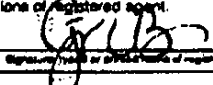


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90035 015 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000038308					
1. Entity Name EMERALD COAST WATER AUTHORITY, LLC					
Principal Place of Business 922 MARWALT DRIVE STE 101 FORT WALTON BEACH, FL 32547			Mailing Address 922 MARWALT DRIVE STE 101 FORT WALTON BEACH, FL 32547		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2700460	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HELMICH, KVEIN M 4481 LEGENDARY DRIVE STE 200 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Ginger L. Barry Street Address (P.O. Box Number is Not Acceptable) 200 Grand Blvd.. Suite 205A City Destin FL Zip Code 32550		
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 		Ginger L. Barry		DATE 4/27/06	
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MADDEN, DON A JR PO BOX 4626 FORT WALTON BEACH, FL 33547	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MADDEN, ROBERT A 604 LANG ROAD FORT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Lisa H. Madden Irrevocable Trust PO Box 4626 Fort Walton Beach, FL 33547	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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:  as MANAGER			DATE 4/28/06 850-264-5040		
SIGNATURE AND TYPED OR PRINTED NAME OF FORMER MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		