


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90072 007 ****50.00

DOCUMENT # L05000047268

1. Entity Name
EMERALD TIDE SERVICES, LLC



Principal Place of Business
**1243 AMHERST ROAD
 PANAMA CITY, FL 32405**

Mailing Address
**1243 AMHERST ROAD
 PANAMA CITY, FL 32405**

20041144



2. Principal Place of Business
1205 Amherst Road

3. Mailing Address
1205 Amherst Road

Suite, Apt. #, etc.

04122006 Chg-LLC CR2E083 (11/05)

City & State
PANAMA CITY, FL

City & State
PANAMA CITY, FL

Zip
32405

Country
USA

Zip
32405

Country
USA

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**POWELL, TERRANCE L
 1243 AMHERST ROAD
 PANAMA CITY, FL 32405**

7. Name and Address of New Registered Agent

Name
POWELL, TERRANCE L.

Street Address (P.O. Box Number is Not Acceptable)
1205 Amherst Rd.

City
PANAMA CITY

FL Zip Code
32405

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 *Terrance L. Powell* DATE *4/12/06*

Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	POWELL, TERRANCE L	1243 AMHERST ROAD	PANAMA CITY, FL 32405	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		<i>1205 Amherst Road</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
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: *Terrance L. Powell* DATE: *4/12/06* PHONE: *(850) 832-2225*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE