


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L05000057591 <b>1. Entity Name</b> EMERALD COAST ENTERTAINMENT LLC	
--	---

<b>Principal Place of Business</b> 7 DOGWOOD DR. SHALIMAR, FL 32579	<b>Mailing Address</b> 7 DOGWOOD DR. SHALIMAR, FL 32579
---	---

**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 20-3027152	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WILDER, JIM 102 OAKHILL AVE. FT. WAKTIN BEACH, FL 32547
---

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM JERNIGAN, JACKIE 7 DOGWOOD DR. SHALIMAR, FL 32579
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM JERNIGAN, SANDRA G 7 DOGWOOD DR. SHALIMAR, FL 32579
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR JERNIGAN, MICAH D 7 DOGWOOD DR. SHALIMAR, FL 32579
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR JERNIGAN, LEVI M 7 DOGWOOD DR. SHALIMAR, FL 32579
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

U00000703040  
04/20/07-80126-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:** *Sandra Jernigan* **4/10/07** **850-651-8842**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #