2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Jun 02, 2008 8:00 am Secretary of State DOCUMENT # L05000071202 1. Entity Name 06-02-2008 90259 039 ***138.75 EMERALD SHORES INVESTORS, LLC Principal Place of Business Mailing Address 2613 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118 2613 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) Applied For City & State City & State 4. FEI Numper 20-3166752 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, JOHN D JR Street Address (P.O. Box Number is Not Acceptable) 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084 Zip Code 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, typed or printed name of registered agent and ritle if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RUSHER, WILLIAM G NAME STREET ADDRESS 4796 LAMBS ROAD STREET ADDRESS N. CHARLESTON SC 29418 CITY-ST-ZIP CITY-ST-7iP ☐ Delete Channe DITER TITLE ☐ Addition O'DELL PHILIP NAME MAME STREET ADDRESS STREET ADDRESS PR Box 700 8 George 31328 CITY-ST-ZIP CITY-ST-ZIP Tibre Ish TALLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Delete TITLE Change Addition THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change TITLE Delete ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, Elorida Statutes.

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

SIGNATURE: 4

FILED



Oceanfront Hotel • 2613 S. Atlantic Avenue • Daytona Beach Shores, FL 32118 Toll Free 800-718-4784 • Phone 386-872-4500 • Fax 386-322-4486

Dear Sis

On April 15th I filled my Annual

Report Online. But apparently I aliday

perBon all the nesseescy styrs or aliday

Properly complete the process.

Ph. 1 ODell 912 8445795 - Cell 386 872 4800 ORICE