

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071202

FILED
Jun 22, 2009
Secretary of State

Entity Name: EMERALD SHORES INVESTORS, LLC

Current Principal Place of Business:

2613 S. ATLANTIC AVE.
DAYTONA BEACH SHORES, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

2613 S. ATLANTIC AVE.
DAYTONA BEACH SHORES, FL 32118 US

New Mailing Address:

FEI Number: 20-3166752 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:

BAILEY, JOHN D JR
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

O'DELL, PHILIP W
2613 S. ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32118 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: PHILIP O'DELL

06/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUSHER, WILLIAM G
Address: 4796 LAMBS ROAD
City-St-Zip: N. CHARLESTON, SC 29418 US

Title: PD () Delete
Name: ODELL, PHILIP
Address: PO BOX 700
City-St-Zip: TYBEE ISLAND, GA 31328

ADDITIONS/CHANGES:

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: PHILIP O'DELL

PRES

06/22/2009

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