

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097403

FILED  
Jan 24, 2007  
Secretary of State

**Entity Name:** EMERALD COAST PARTNERS, LLC

**Current Principal Place of Business:**

530 DOLPHIN AVENUE  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

530 DOLPHIN AVENUE  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

**FEI Number:** 01-0845610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINHOLD, JOHN W  
530 DOLPHIN AVENUE  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** REINHOLD, JOHN W  
**Address:** 530 DOLPHIN AVENUE  
**City-St-Zip:** FORT WALTON BEACH, FL 32548 US

**Title:** MGRM ( ) Delete  
**Name:** TINGLE, RUFUS W  
**Address:** 530 DOLPHIN AVENUE  
**City-St-Zip:** FORT WALTON BEACH, FL 32548 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** TINGLE, RUFUS W  
**Address:** 205 BORBEAUX COURT  
**City-St-Zip:** MADISONVILLE, LA 70447 US

I hereby certify that the information supplied with this filing does not qualify for the 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:** JOHN W. REINHOLD

MGRM

01/24/2007

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