

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097403

FILED
Feb 03, 2008
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:

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

02/03/2008

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: 205 BORBEAUX COURT
City-St-Zip: MADISONVILLE, LA 70447 US

ADDITIONS/CHANGES:

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

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

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: JOHN W REINHOLD JR

MGRM

02/03/2008

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