

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098850

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** EMERALD COAST COMMUNITIES, L.L.C.

**Current Principal Place of Business:**

6928 COBBLESTONE  
SOUTHAVEN, MS 38671

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 165  
SOUTHAVEN, MS 38671

**New Mailing Address:**

FEI Number: 20-3589424      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:**

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

MATTHEWS, DANA C  
4475 LEGENDARY DRIVE  
MATTHEWS & HAWKINS, P.A.  
DESTIN, FL 32541 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MULLINS, HAL S  
Address: 37 CONCH CAY  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MULLINS, HAL S  
Address: P O BOX 165  
City-St-Zip: SOUTHAVEN, MS 38671

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: HAL S MULLINS

MANA

05/01/2008

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