

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111529

1. Entity Name  
EMERALD BAY DEVELOPMENT, LLC



Principal Place of Business  
49 NORTH FEDERAL HIGHWAY, SUITE 137  
POMPANO BEACH, FL 33062

Mailing Address  
49 NORTH FEDERAL HIGHWAY, SUITE 137  
POMPANO BEACH, FL 33062

FILED

08 SEP 23 PM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3810848

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RYAN, DEAN L  
49 N FEDERAL HIGHWAY, SUITE 137  
POMPANO BEACH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

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: Dean L. Ryan Dean L. Ryan Managing Member 8/18/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GATTO, FRANK
STREET ADDRESS	212 BRINY AVE, #A4
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	OGDEN, RUSSEL
STREET ADDRESS	1446 COLE STREET
CITY-ST-ZIP	SAN FRANCISCO, CA 94117
TITLE	MGRM
NAME	NEMETH, RONALD
STREET ADDRESS	235 EDINBURGH CIRCLE
CITY-ST-ZIP	DANVILLE, CA 94526
TITLE	MGRM
NAME	GOMEZ, JORGE
STREET ADDRESS	1160 WHISPERING WIND DRIVE
CITY-ST-ZIP	TRACY, CA 95377
TITLE	MGRM
NAME	AKAMAI LIMITED PARTNERSHIP
STREET ADDRESS	49 NORTH FEDERAL HIGHWAY, STE 137
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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up  
9/23

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, Florida Statutes.

SIGNATURE: Dean L. Ryan for Akamai Ltd. Ptnshp 8/18/08 954-7326343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #