

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111892

FILED
Jul 24, 2006
Secretary of State

Entity Name: EMERALD COAST REMODELING GROUP, LLC

Current Principal Place of Business:

3700 N PALAFOX
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

3700 N PALAFOX
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 20-3886900 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:

UNDERWOOD, ROBERT W
3700 N PALAFOX
PENSACOLA, FL 32526 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: UNDERWOOD, ROBERT
Address: 3700 N PALAFOX
City-St-Zip: PENSACOLA, FL 32505

Title: MGR () Delete
Name: CLEMONS, MICHAEL S
Address: 16259 PERDIDO KEY BLVD
City-St-Zip: PENSACOLA, FL 32526

Title: MGR () Delete
Name: MOUNSEY, GERALD
Address: 3700 N PALAFOX
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES:

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

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 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: ROBERT W UNDERWOOD

MGR

07/24/2006

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