

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123059

Entity Name: EMERALD BAYOU LLC

FILED  
Jun 15, 2009  
Secretary of State

## Current Principal Place of Business:

503 FAIRPOINT DRIVE  
GULF BREEZE, FL 32561

## New Principal Place of Business:

61 VILLAGE BEACH ROAD WEST  
SANTA ROSA BEACH, FL 32459

## Current Mailing Address:

C/O JEAN STEVENS  
4500 ONE SHELL SQUARE  
NEW ORLEANS, LA 70139

## New Mailing Address:

FEI Number: 20-4022698      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:

VOSBEIN, DAVID C  
503 FAIRPOINT DRIVE  
GULF BREEZE, FL 32561      US

## Name and Address of New Registered Agent:

VOSBEIN, DAVID C  
61 VILLAGE BEACH ROAD WEST  
SANTA ROSA BEACH, FL 32459      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: DAVID C. VOSBEIN

06/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: VOSBEIN, DAVID C  
Address: 503 FAIRPORT DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: VOSBEIN, DAVID C  
Address: 61 VILLAGE BEACH ROAD WEST  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: DAVID C. VOSBEIN

MR.

06/15/2009

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