

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029686

Entity Name: EMERALD CAPITAL GROUP, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

255 SOUTH ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

Current Mailing Address:

255 SOUTH ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

New Principal Place of Business:

111 NORTH MAGNOLIA AVENUE
SUITE 1600
ORLANDO, FL 32801

New Mailing Address:

111 NORTH MAGNOLIA AVENUE
SUITE 1600
ORLANDO, FL 32801

FEI Number: 59-3663314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: NICKERSON, CRAIG E
Address: 255 SOUTH ORANGE AVENUE, SUITE 600
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NICKERSON, CRAIG E
Address: 111 NORTH MAGNOLIA AVENUE, #1600
City-St-Zip: ORLANDO, FL 32801

Title: S () Change (X) Addition
Name: WILSON, PATRICIA T
Address: 111 NORTH MAGNOLIA AVENUE, #1600
City-St-Zip: ORLANDO, FL 32801

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: PATRICIA T. WILSON

S

03/31/2009

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