

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039430

FILED
Jan 31, 2008
Secretary of State

Entity Name: RELIANCE GROUP OF THE EMERALD COAST, LLC

Current Principal Place of Business:

136 JENKS CIRCLE
PANAMA CITY, FL 32405

New Principal Place of Business:

7504 BEACH DRIVE
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

1812 SOUTH HWY. 77, #115, PMB 308
LYNN HAVEN, FL 32444

New Mailing Address:

P.O. BOX 19068
PANAMA CITY BEACH, FL 32417

FEI Number: 20-8643584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, RICHARD C
136 JENKS CIRCLE
PANAMA CITY, FL 32405 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: DEMKOWSKI, RONALD
Address: 1812 SOUTH HWY. 77, #115, PMB 308
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR () Delete
Name: BAKER, RICHARD
Address: 1812 SOUTH HWY. 77, #115, PMB 308
City-St-Zip: PANAMA CITY, FL 32444

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEMKOWSKI, RONALD
Address: 136 JENKS CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR (X) Change () Addition
Name: BAKER, RICHARD
Address: 136 JENKS CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

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: RICHARD BAKER

MGR

01/31/2008

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