## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT FILED** DOCUMENT # L06000053851 Aug 27, 2008 08:00 AM Secretary of State **EMERALD WAY PROPERTIES, LLC** Principal Place of Business Mailing Address **605 PALM BOULEVARD 605 PALM BOULEVARD** SUITE A SUITE A DUNEDIN, FL 34698 DUNEDIN, FL 34698 08252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1138820 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KELLY, ROBERT J 605 PALM BOULEVARD DO NOT WRITE SUITE A IN THIS SPACE DUNEDIN, FL 34698 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 9. MANAGING MEMBERS/MANAGERS MGRM TITLE KELLY, ROBERT J NAME 605 PALM BOULEVARD STREET ADDRESS U00000958440 08/27/08-80002-014 538.75 DUNEDIN, FL 34698 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME

11. I hereby certify that the information supplied with this filling 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:** 

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> RINTED NAME OF SIGN MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE