

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055189

FILED  
May 21, 2007  
Secretary of State

**Entity Name:** EMERALD COAST CONCIERGE, LLC

**Current Principal Place of Business:**

137 PALM GROVE BLVD  
PANAMA CITY, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

137 PALM GROVE BLVD  
PANAMA CITY, FL 32408

**New Mailing Address:**

FEI Number: 21-4991609      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:**

BROWN, KIMBERLEY A  
137 PALM GROVE BLVD  
PANAMA CITY, FL 32408      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: MGRM ( ) Delete  
Name: LAWRENCE, CHRISTINE M  
Address: 4517 MAINSAIL DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: MGRM ( ) Delete  
Name: BROWN, KIMBERLEY A  
Address: 137 PALM GROVE BLVD  
City-St-Zip: PANAMA CITY, FL 32408

**ADDITIONS/CHANGES:**

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 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: KIMBERLEY A. BROWN

MGRM

05/21/2007

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