

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90314 039 ***138.75

DOCUMENT # L06000056761 1. Entity Name EMERALD COAST DIVERSIFIED PROPERTIES, L.L.C.			
Principal Place of Business 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547		Mailing Address 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547	
2. Principal Place of Business, - No P.O. Box # 1034 MAR WALT DR.		3. Mailing Address Same	
Suite, Apt. #, etc. Ste 310		Suite, Apt. #, etc. 	
City & State Ft. Walton Bch, FL		City & State 	
Zip 32547		Country OKalooosa	
6. Name and Address of Current Registered Agent MACEY, THEODORE E MD 928-D MAR WALT DR FORT WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1034 MAR WALT DR. Ste 310 Ft. Walton Bch. FL 32547	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>William R. Marshall</i></u> WILLIAM R. MARSHALL 4/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, WILLIAM R 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1034 Mar Walt Dr, Ste 310 Ft. Walton Bch, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEY, THEODORE E 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1034 MAR WALT DR, Ste 310 Ft. Walton Bch, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THACKERAY, JASON W 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1034 Mar Walt Dr, Ste 310 Ft. Walton Bch, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POPPELL, SAMUEL 911 MAR WALT DRIVE FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1034 MAR WALT DR, Ste 310 Ft Walton Bch, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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: <u><i>Samuel E. Poppell</i></u> SAMUEL E. POPPELL		Date: <u>4/17/08</u> (850) 315-9207	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	