## **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										
Entity Name     EMERALD COAST DIVERSIFIED PROPERTIES, L.L.C.										
				00 mg 1			puue	JUUU		
Principal Place of Business  928-D MAR WALF DRIVE FORT WALTON BEACH, FL 32547  Mailing Address  928-D MAR WALT DRIVE FORT WALTON BEACH, FL				47		•	h r)			
2. Principal Pla	OR WALT DR	3. Mailing Address Some					<b>is</b> il 613 <b>is</b> il 681	i <b>18</b> 16 <b>1</b> 005 1106 110		
Suite, Apt. #	310	Suite, Apt. #, etc.				01292008	Chg-LLC	CR2E0	83 (12/06)	
FF U Italia	Hon Bch, FL	City & State				4. FEI Number 20-8468		• •	<u> </u>	plied For t Applicable
3354	7 Okaloosa	Zip .	Count	гу		5. Certificate	of Status Desire		\$5.00 Addi Fee Required	
<u> </u>	6. Name and Address of Current F	Registered Agent			_1-	7. Name and	Address of Ne	w Registered A	gent	
MACEN TI	EODODE E MD			Name					•	, ' l
MACEY, TH	.	. Street Add	reet Address (P. A. Boy-Number is Not-Acceptable)							
FORT WALTON BEACH, FL 32547				10.39	1L 2.					
	*		,	<u>570</u>	<u>. 4</u>	10	·			
	,		`	194 U	nIt	on &	h.	FL	300	547
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 abligations of registered agent. I had ale 11) 114 Am R MARSHAIL 4/7/08										
SIGNATURE	Signature, typed or printed name of registered agent a	nd trie if applicable. (NOTE:	Registered	Agent signature	e required v	when reinstating)	-	DATE	<del></del>	
£/.					-				72.76	1 23
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										
9.	, MANAGING MEMBE	RS/MANAGERS	10.			3	ADDITIO	NS/CHANGES		
TITLE :	MGRM	☐ Delete	TITLE			٠,٠			Change	☐ Addition
NAME OTRECT ADOREGE	MARSHALL, WILLIAM R		NAMI	E Et address	1020	1 mr	II WH- 7	Dr. Ste	20	
STREET ADDRESS CITY-ST-ZIP	928-D MAR WALT DRIVE FORT WALTON BEACH, FL 325	i <b>4</b> 7		-ST-ZIP	A. I	Datte	o Boh.	Fi	25#7	
TITLE	MGRM	□ Delete	TITLE		1 ( )	<u>~~~~~~</u>	<u> </u>		Change	Addition
NAME	MACEY, THEODORE I**;		NAM	E			1,20,7	- Ar c	+0 21	<u>,                                    </u>
STREET ADDRESS	928-D MAR WALT DRIVE			ET ADDRESS -ST-ZIP	103	4 11 1HK	a anh	Dr. 5	7547	,
CITY-ST-ZIP	FORT WALTON BEACH, FL 325		-		1-1-1	<u>uruto</u>		, rc 3	Change	
TITLE NAME	MGRM THACKERAY, JASON W	☐ Delete	TITLE			••	11.5-11	D- 6		Addition Addition
STREET ADDRESS	928-D MAR WALT DRIVE			ET ADDRESS	103	4 in pr	walt	Dr. S	16 2	
CITY-ST-ZIP	FORT WALTON BEACH, FL 325	547	CITY	-ST-ZIP	<u>Ft.1</u>	<u> Watto</u>	<u>m Bch</u>	ite:	5617 T	7
TITLE	MGRM	☐ Delete	TITLE						Change	Addition
NAME CTREET LODDEGG	POPPELL, SAMUEL 911 MAR WALT DRIVE		NAM	E Et address	102	4 MAI	EVECU 8	DR. ist	æ 310	)
STREET ADDRESS CITY-ST-ZIP	FORT WALTON BEACH, FL 325	547		-ST-ZIP	G+	1 DAHA	1 Prh	FL 3	2547	
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CITY-ST-ZIP				-ST-ZIP						
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 ( )										