

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056761

FILED
Feb 17, 2011
Secretary of State

Entity Name: EMERALD COAST DIVERSIFIED PROPERTIES, L.L.C.

Current Principal Place of Business:

1034 MAR WALT DR STE
310
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

1034 MAR WALT DR STE
310
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 20-8468545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACEY, THEODORE I MD
1034 MAR WALT DR STE
310
FORT WALTON BEACH, FL 32547 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: MGRM
Name: MARSHALL, WILLIAM R
Address: 1034 MAR WALT DR STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM
Name: MACEY, THEODORE I
Address: 1034 MAR WALT DR STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM
Name: THACKERAY, JASON W
Address: 1034 MAR WALT DR STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM
Name: POPPELL, SAMUEL
Address: 1034 MAR WALT DR STE 200
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM
Name: TENHOLDER, MARK J
Address: 1034 MAR WALT DR STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGMR
Name: ALABATA, PHIL
Address: 1034 MAR WALT DR STE 200
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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: SAMUEL POPPELL

MGMR

02/17/2011

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