2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056761

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

FILED Jan 16, 2012 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

1034 MAR WALT DR STE

310

FORT WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

1034 MAR WALT DR STE

310

FORT WALTON BEACH, FL 32547

FEI Number: 20-8468545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACEY, THEODORE I MD 1034 MAR WALT DR STE

310

FORT WALTON BEACH, FL 32547 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

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 Statues.

SIGNATURE: SAMUEL POPPELL MGRM 01/16/2012

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