2008 LIMITED LIABILITY COMPANY

May 07, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L06000076771 05-07-2008 90018 005 ***138.75 1. Entity Name EMERALD COAST EXPRESS, LLC Principal Place of Business Matting Address 4708 HICKORY SHORES BLVD 4708 HICKORY SHORES BLVD GULF BREEZE, FL 32563 GULF BREEZE, FL 32563 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5272927 Not Applicable Zm Country Zφ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISAKSON, ROY L 4708 HICKORY SHORES BLVD Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE, FL 32563** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NDTE: Projectived Apont sincethan parented when reinstation) DATE FILE NOWEL FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES MGRM TITLE ☐ Delete mF ☐ Change Addition ISAKSON, ROY L NAME NAME STREET ADDRESS 4708 HICKORY SHORES BLVD STREET ADDRESS CITY-SI-78 GULF BREEZE, FL 32563 CITY-SI-ZIP MGRM TITLE ☐ Delete THLE ☐ Addition ☐ Change KAME ISAKSON, THERESA MILES OF STRÉET ADDRESS 4708 HICKORY SHORES BLVD SHIELD ADDRESS CITY-ST-71P GULF BREEZE, FL 32563 CITY-SI-ZIP TITLE ☐ Delete MLE Change ☐ Addition NAME RC23/FF STREET ADDRESS STRIET ADDRESS CITY-ST-ZEP CITY-ST-ZP ITLE ☐ Datete TENE ☐ Change ☐ Addition HAME NEME STREET ACCORESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZP me O Dates MLE ☐ Change ☐ Addition NAME 1235 STREET ADDRESS CHALL WARREST CITY-SI-ZIP CITY-53-ZIP TITLE ☐ Delete mle Management Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does poli 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 flability company or the regarder of properly execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: STATED MAINE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPORTED TATME

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