

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90135 048 \*\*\*138.75

<b>DOCUMENT # L07000013590</b> 1. Entity Name <b>EMERALD COAST HOSPITALITY LLC</b>			
Principal Place of Business <b>4421 COMMONS DR #164 DESTIN, FL 32541</b>		Mailing Address <b>4421 COMMONS DR #164 DESTIN, FL 32541</b>	
2. Principal Place of Business - No P.O. Box # <b>4421 Commons Dr</b>		3. Mailing Address <b>4421 Commons Dr</b>	
Suite, Apt. #, etc. <b>#192</b>		Suite, Apt. #, etc. <b>#192</b>	
City & State <b>Destin FL</b>		City & State <b>Destin FL</b>	
Zip <b>32541</b>		Zip <b>32541</b>	
Country <b>OKALOOSA</b>		Country <b>OKALOOSA</b>	
4. FEI Number <b>45-0549885</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCCORRY, PATRICK— 112 SEASCAPE #1504 DESTIN, FL 32541</b>		7. Name and Address of New Registered Agent Name <b>Patrick McCorry</b> Street Address (P.O. Box Number is Not Acceptable) <b>273 Mattie Kelly Blvd</b> City <b>Destin</b> FL Zip Code <b>32541</b>	
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  DATE <b>3/31/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>MCCORRY, PATRICK 4421 COMMONS DR #164 DESTIN, FL 32541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER <b>MCCORRY, PATRICK 4421 Commons Dr #192 Destin FL 32541</b> <input checked="" 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
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
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 118, 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 606, Florida Statutes.			
SIGNATURE:		Date <b>3/31/08</b> Daytime Phone # <b>850-502-1777</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			



ATTACHMENT

30006567

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2008

EMERALD COAST HOSPITALITY LLC  
4421 COMMONS DR #192  
DESTIN, FL 32541

Subject: EMERALD COAST HOSPITALITY LLC

Reference Number: L07000013590

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh

ANNUAL REPORTS SECTION

*I am the owner & manager of the company. There are no other individuals involved as a manager, managing member, or principal.*

*Thanks*

P.O. BOX 6478 - Tallahassee, Florida 32314