

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036117

FILED
Jun 15, 2009
Secretary of State

Entity Name: EMERALD COAST INSTITUTE, P.L.

Current Principal Place of Business:

1762 SNAPDRAGON DRIVE
NAVARRE, FL 32566

New Principal Place of Business:

1762 SNAPDRAGON DRIVE
NAVARRE, FL 32566 US

Current Mailing Address:

1762 SNAPDRAGON DRIVE
NAVARRE, FL 32566

New Mailing Address:

33120 BOARDWALK DRIVE
SPANISH FORT, AL 36527 US

FEI Number: 38-3766662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
76 SOUTH STREET SUITE 2110
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BENDER, THOMAS W
1762 SNAPDRAGON DRIVE
NAVARRE, FL 32566 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: THOMAS W BENDER III

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BENDER, THOMAS W III,MD
Address: 1762 SNAPDRAGON DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BENDER, THOMAS W III,MD
Address: 1762 SNAPDRAGON DRIVE
City-St-Zip: NAVARRE, FL 32566 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS W BENDER III

MGM

06/15/2009

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