

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000037999

**FILED**  
**Oct 14, 2008**  
**Secretary of State**

**Entity Name:** EMERALD COAST PREMIER BUILDERS, LLC

**Current Principal Place of Business:**

32 EAST COUNTY HIGHWAY 30-A  
SUITE 200  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

32 EAST COUNTY HIGHWAY 30-A  
SUITE 200  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

PO BOX 607  
FREEPORT, FL 32439 US

**FEI Number:** 20-8802174 **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:**

ZINOBER, BRYAN W  
32 EAST COUNTY HIGHWAY 30-A  
SUITE 200  
SANTA ROSA BEACH, FL 32459 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: BRYAN W ZINOBER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PALMER, GEORGE DOUGLAS  
Address: 220 MACDONALD LAKE ROAD  
City-St-Zip: SPRINGVILLE, AL 35146 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PALMER, GEORGE DOUGLAS  
Address: PO BOX 607  
City-St-Zip: FREEPORT, FL 32439 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: GEORGE DOUGLAS PALMER

MGRM

10/14/2008

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