


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90107 036 \*\*\*138.75

<b>DOCUMENT # L07000055060</b> 1. Entity Name <b>EMERALD COAST BUILDING MAINT. L.L.C.</b>					
Principal Place of Business <b>109 WINDRIDGE LN PANAMA CITY BEACH, FL 32413</b>			Mailing Address <b>109 WINDRIDGE LN PANAMA CITY BEACH, FL 32413</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>160 Palm Grove Blvd</b>		Suite, Apt. #, etc.			
City & State <b>Panama City Bch., FL</b>		City & State			
Zip <b>32408</b>	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>MARTIN, WALTER 109 WINDRIDGE LN PANAMA CITY BEACH, FL 32413</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>MARTIN, WALTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>160 PALM GROVE BLVD</b> City <b>PANAMA CITY</b> State <b>FL</b> Zip Code <b>32408</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARTIN, WALTER 109 WINDRIDGE LN PANAMA CITY BEACH, FL 32413</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>160 Palm Grove Blvd. Panama City Beach, FL 32408</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARTIN, LESLIE 109 WINDRIDGE LN PANAMA CITY BEACH, FL 32413</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>160 Palm Grove Blvd Panama City Beach, FL 32408</b>	
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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					