

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90102 038 \*\*\*138.75

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DOCUMENT # L07000087618  |  |  |  |   |  |
| 1. Entity Name<br>EMERALD COAST LENDING, LLC   |  |  |  |  |  |
| Principal Place of Business<br>501 COMMENDENCIA STREET<br>PENSACOLA, FL 32502  |  |  | Mailing Address<br>501 COMMENDENCIA STREET<br>PENSACOLA, FL 32502  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>10 Portofino Drive</b>  |  | 3. Mailing Address<br><b>10 Portofino Dr</b> |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                          |  |  |  |
| City & State<br><b>Pensacola Beach, FL</b>   |  | City & State<br><b>Pensacola Beach, FL</b>   |  | 4. FEI Number<br><b>26-0792448</b>   |  |
| Zip<br><b>32561</b>  |  | Country<br><b>USA</b>                        |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b><br>Applied For <input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent                        |  |  |
| BEGGS & LANE<br>501 COMMENDENCIA STREET<br>PENSACOLA, FL 32502   |  |  | Name   |  |  |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable)                 |  |  |
|  |  |  | City   |  |  |
|  |  |  | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>Robert Pinker, Robert</b><br><b>10 Portofino Dr</b><br><b>Pensacola Beach, FL 32561</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |  |  |  |
| SIGNATURE: <u>Andrew Rothfeder</u> <b>Andrew Rothfeder</b> <b>4/23/08</b> <b>850-916-5050</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  |  |  |  |  |  |