## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000089742

Entity Name: EMERALD ISLE FURNITURE & DESIGN, L.L.C

362 GULF BREEZE PARKWAY # 136

City-St-Zip: GULF BREEZE, FL 32561

Address:

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
SUITE 136	BREEZE PAF BEZE, FL 325			
Current Mailing Address:			New Mailing Address:	
SUITE 136	BREEZE PAF S EEZE, FL 325			
FEI Number	: 26-0829106	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
362 GULF SUITE 136	, KENNETH C BREEZE PAF 3 EEZE, FL 325			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	NICHOLS, KÈN	EZE PARKWAY # 136	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	NICHOLS, SHE	EEZE PARKWAY # 136	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	NICHOLS, ETH	EEZE PARKWAY # 136	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	MGRM ( NICHOLS, KOF	) Delete RBIN A	Title: Name:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: KENNETH C NICHOLS MGRM 04/30/2008