

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095707

FILED
Apr 30, 2008
Secretary of State

Entity Name: EMERALD COAST RENTALS LLC

Current Principal Place of Business:

913 GULF BREEZE PKWY
18
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

913 GULF BREEZE PKWY
18
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 26-1124279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHANNON, TAMMY H
913 GULF BREEZE PKWY
24
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

BOHANNON, TAMMY H
913 GULF BREEZE PKWY
18
GULF BREEZE, FL 32561 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EMERALD COAST REALTY, SERVICES LLC
Address: 913 GULF BREEZE PKWY SUITE 24
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: EMERALD COAST REALTY, PROS INC
Address: 501 EAST GREGORY ST
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EMERALD COAST REALTY, SERVICES LLC
Address: 913 GULF BREEZE PKWY SUITE 18
City-St-Zip: GULF BREEZE, FL 32561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TAMMY H BOHANNON

MGMR

04/30/2008

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