


2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000406	
EMERALD COAST CHARTER SERVICES, L.C. C/O HENRY W. MACLIN, JR. 200 GULF SHORE DRIVE DESTIN FL 32541		1a. Principal Place of Business Address C/O HENRY W. MACLIN, JR. 200 GULF SHORE DRIVE DESTIN FL 32541	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified		3a. State of Formation	
08/15/1994		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3267932			
5. Date of Last Report		6. Certificate of Status Desired	
02/26/1996		\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
MACLIN, HENRY W JR 200 GULF SHORE DRIVE DESTIN FL 32541		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ <small>(Required Agent Signature Applied For) (Required Agent Signature Required when reappointing)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	LANE, JO ANNE	120 MANSFIELD COURT	ATHENS GA
MEM	JOHNSON, JOHN	240 GULF SHORES DR.	DESTIN FL
MEM	BRADEN, E. CHANDLER	12 N. PARKWAY, 4200 NORTH	ATLANTA GA
MGRM	HENRY MACLIN ASSOCIATE INC.	200 GULF SHORE DRIVE	DESTIN FL
4000002272224--S -08/20/97--01060--011 ****588.75 ****588.75 O. Alan 8/15/97			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 508, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> 8/11/97 9304			