

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000704

FILED
Jan 08, 2008
Secretary of State

Entity Name: EMERALD COAST DEVELOPMENT PARTNERS, L.L.C.

Current Principal Place of Business:

300 S CENTRAL AVE
SUITE 105
FLAGLER BEACH, FL 32136 US

New Principal Place of Business:

Current Mailing Address:

55 OLD POWERS PLACE
ATLANTA, GA 303274212 US

New Mailing Address:

FEI Number: 59-3454609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAN, JOHN
1531 NORTH FEDERAL HIGHWAY
LAKE WORTH, FL 334601964 US

Name and Address of New Registered Agent:

HORAN, JOHN
300 S CENTRAL AVENUE, SUITE 105
FLAGLER BEACH, FL 32136 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: JOHN W. HORAN

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HORAN, JOHN W
Address: 1531 NORTH FEDERAL HIGHWAY
City-St-Zip: LAKE WORTH, FL 334601964 US

Title: MGR () Delete
Name: KENNELLY, ROBERT C
Address: 55 OLD POWERS PLACE
City-St-Zip: ATLANTA, GA 303274212 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HORAN, JOHN W
Address: 300 S CENTRAL AVENUE, SUITE 105
City-St-Zip: FLAGLER BEACH, FL 32136 US

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: ROBERT C. KENNELLY

MGMR

01/08/2008

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