

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000001036**

**1. Entity Name**  
**EMERALD COAST BEVERAGES, L.L.C.**



**Principal Place of Business**

**981 HIGHWAY 98 EAST  
STE 6  
DESTIN, FL 32541**

**Mailing Address**

**5 PEACHWOOD DRIVE  
TALLAHASSEE, AL 36078**



03192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**62-1819750**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILBANKS, DANIEL P  
981 HIGHWAY 98 EAST  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*[Signature]*  
Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*3/30/04*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGR**  
**WILBANKS, JAMES**  
**5 PEACHWOOD DRIVE**  
**TALLAHASSEE, AL 36078**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**CITY - ST - ZIP**

U00000143175  
04/30/04-80082-013 50.00

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IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4-14-04*

Date

*850.231.1887*

Daytime Phone #