


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000002274
 1. Entity Name
 EMERALD COAST MOB MANAGER, L.L.C.



Principal Place of Business Mailing Address
 2204 LAKESHORE DRIVE, STE. 215 2204 LAKESHORE DRIVE, STE. 215
 BIRMINGHAM, AL 35209 BIRMINGHAM, AL 35209

DO NOT WRITE IN THIS SPACE



04042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 63-1281245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON DEVELOPMENT, L.L.C. 2204 LAKESHORE DR., STE 215 BIRMINGHAM, AL 35209
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 04/15/05-80007-005 50.00

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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 609, Florida Statutes.

SIGNATURE: *Johnson* Date 4-1-05 Daytime Phone # 205 802 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE