


**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"/>	<b>\$5.00</b> 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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1100000306237  
 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: *[Signature]*      Date 4-1-05      Daytime Phone # 205 802 2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE