## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# M03000002885

Address:

City-St-Zip:

Entity Name: EMERALD COAST RV CENTER, LLC

FILED Nov 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 250 PARKWAY DRIVE STE 160 LINCOLNSHIRE, IL 60069 **Current Mailing Address: New Mailing Address:** 6240 GULF BREEZE PKWY GULF BREEZE, FL 32563 FEI Number: 30-0171581 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete LEMONIS, MARCUS A Name: Name: 250 PARKWAY DRIVE, SUITE 320 Address: Address: City-St-Zip: LINCOLNSHIRE, IL 60069 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: NUTTALL, ROGER L Name: Address: 250 PARKWAY DRIVE, SUITE 320 Address: City-St-Zip: LINCOLNSHIRE, IL 60069 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition YORK, ROBERT T YORK, ROBERT T Name: Name: 250 PARKWAY DRIVE, SUITE 320 90 S. 7TH STREET, STE. 5500 Address: Address: City-St-Zip: LINCOLNSHIRE, IL 60069 City-St-Zip: MINNEAPOLIS, MN 55402 Title: MGR () Delete Title: () Change () Addition Name: BELL, KARIN L Name: 250 PARKWAY DRIVE, SUITE 320 Address: Address: City-St-Zip: LINCOLNSHIRE, IL 60069 City-St-Zip: Title: () Delete Title: MGR ( ) Change (X) Addition MOODY, BRENT Name: Name:

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.

Address:

City-St-Zip:

250 PARKWAY DRIVE, SUITE 320

LINCOLNSHIRE, IL 60069

SIGNATURE: ROBERT T. YORK MGR 11/30/2007