

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90092 018 ****50.00

DOCUMENT # M03000004199					
1. Entity Name EMERALD DOLPHIN, LLC					
Principal Place of Business 1045 OAK TREE RD. BIRMINGHAM, AL 35244			Mailing Address 1045 OAK TREE RD. BIRMINGHAM, AL 35244		
2. Principal Place of Business - No P.O. Box # 850 Ft. Pickens Rd		3. Mailing Address 850 Ft. Pickens Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola Beach FL		City & State Pensacola Beach FL		4. FEI Number 20-0019322	
Zip 32561		Country Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, ROBERT D JR 125 W. ROMANA ST, STE 800 PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name <u>Linda Watson</u> Street Address (P.O. Box Number is Not Acceptable) <u>850 Ft. Pickens Rd</u> City <u>Pensacola Beach</u> FL <u>32561</u>		
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 <u>Linda Watson</u> DATE <u>6/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MULKEY, PHILIP P 1045 OAK TREE RD. BIRMINGHAM, AL 35244		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President JB Schlyter 338 Deer Pointe Dr Gulf Breeze FL 32561	
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	