2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M03000004199

Entity Name: EMERALD DOLPHIN, LLC

1045 OAK TREE RD

BIRMINGHAM, AL 35244

Address:

City-St-Zip:

FILED Jul 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 850 FT PICKENS RD PENSACOLA BEACH, FL 32561 **Current Mailing Address: New Mailing Address:** 850 FT PICKENS RD PENSACOLA BEACH, FL 32561 FEI Number: 20-0019322 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: HART, ROBERT D JR 850 FT PICKENS RD PENSACOLA BEACH, FL 32561 US 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 SCHLYTER, JB Name: Name: Address: 338 DEERPOINTE DR Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: Title: () Delete Title: () Change () Addition LOWELL, GRAVES Name: Name: Address: 850 FT PICKENS RD #1330 Address: City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: Title: () Delete Title: () Change () Addition COX, JIM Name: Name: 229 SABINE DR Address: Address: City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: () Delete Title: Title: () Change () Addition Name: HENDRICKS, BRUCE Name: Address: 446 S WESTERN AVE Address: City-St-Zip: BARTLETT, IL 60103 City-St-Zip: Title: BD () Delete Title: () Change () Addition MULKEY, PHIL 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:

SIGNATURE: PHIL P. MULKEY MR. 07/12/2007