


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90186 033 ***143.75

DOCUMENT # M06000000333					
1. Entity Name INFINITY BUILDERS OF THE EMERALD COAST, LLC					
Principal Place of Business 698 EAST HEINBERT STREET, SUITE 101 PENSACOLA, FL 32502			Mailing Address 698 EAST HEINBERT STREET, SUITE 101 PENSACOLA, FL 32502		
2. Principal Place of Business - No P.O. Box # 4440 Woodbine Rd.		3. Mailing Address 4440 Woodbine Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pace, FL		City & State Pace, FL		4. FEI Number 56-2544697	
Zip 32571		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BOZEMAN, W S JR. 7740 ROLLO BLVD. MILTON, FL 39583			7. Name and Address of New Registered Agent Name: <u>Bozeman W S Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>5480 Champions Drive</u> City: <u>Pace</u> FL Zip Code <u>32571</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>[Signature]</u> DATE: <u>5-15-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOZEMAN, W S JR. PO BOX 3502 MILTON, FL 32583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, CHAD 6065 WEST CAMBRIDGE WAY PACE, FL 32571	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 608, Florida Statutes.					
SIGNATURE: <u>[Signature]</u>				Date: <u>5-15-08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone #</small>	

60042000

