

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009647

FILED
Apr 27, 2004
Secretary of State

Entity Name: AMELIA ISLAND YACHT BASIN, LLC

Current Principal Place of Business:

1200 RIVERPLACE BOULEVARD, SUITE 902
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1200 RIVERPLACE BOULEVARD, SUITE 902
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 03-0430633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, BEN T JR.
1200 RIVERPLACE BOULEVARD, SUITE 902
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRP () Delete
Name: FRANKLIN, BEN T JR
Address: 903 RIVER OAKS ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: GALLAGHER, DANIEL J
Address: 137 LONG POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRANKLIN, BEN T JR
Address: 903 RIVER OAKS ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR (X) Change () Addition
Name: GALLAGHER, DANIEL J
Address: 137 LONG POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: BEN T. FRANKLIN

MGRM

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date