

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


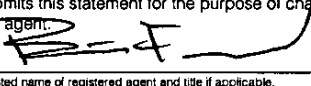
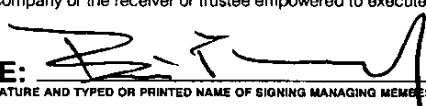
FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90338 038 ***138.75

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03012008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000009647			
1. Entity Name AMELIA ISLAND YACHT BASIN, LLC			
Principal Place of Business 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE, FL 32207		Mailing Address 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box # 251 CREEKSIDE DR Suite, Apt. #, etc.		3. Mailing Address 4446 HENDRICKS AVE Suite, Apt. #, etc. STE 368	
City & State AMELIA ISLAND, FL		City & State JACKSONVILLE, FL	
Zip 32034	Country USA	Zip 32207	Country USA
4. FEI Number 03-0430633		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FRANKLIN, BEN T JR. 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name FRANKLIN, BEN T. JR Street Address (P.O. Box Number is Not Acceptable) 4446 HENDRICKS AVE / STE 368 City JACKSONVILLE FL Zip Code 32207	
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:  BEN T. FRANKLIN, JR 3/5/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
-- FILE NOW!!! FEE IS \$138.75 -- After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKLIN, BEN T JR 903 RIVER OAKS ROAD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKLIN, BEN T. JR 4446 HENDRICKS AVE JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAGHER, DANIEL J 137 LONG POINT DRIVE AMELIA ISLAND, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  BEN T. FRANKLIN, JR		Date	3/5/08 904/327-0221