

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034477

FILED
Mar 01, 2004
Secretary of State

Entity Name: ABC OF AMELIA, LLC.

Current Principal Place of Business:

449 BEACHSIDE PLACE
AMELIA ISLAND, FL 32034

New Principal Place of Business:

1203 S.W. 12TH STREET, SUITE 9
OCALA, FL 34474

Current Mailing Address:

449 BEACHSIDE PLACE
AMELIA ISLAND, FL 32034

New Mailing Address:

1203 S.W> 12TH STREET, SUITE 9
OCALA, FL 34474

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STENSON, THOMAS F
449 BEACHSIDE PLACE
AMELIA ISLAND, FL 32034 US

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: MGRM () Delete
Name: STENSON, THOMAS F
Address: 449 BEACHSIDE PLACE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: MGR (X) Delete
Name: STENSON, KRISTINA
Address: 449 BEACHSIDE PLACE
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS F. STENSON MGRM 03/01/2004

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