

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90095 031 ***138.75

DOCUMENT # L07000045447

1. Entity Name
 AMAZONIA WOODS USA, LLC



Principal Place of Business
 4645 U.S. HIGHWAY 1
 VERO BEACH, FL 32967

Mailing Address
 P.O. DRAWER 2559
 VERO BEACH, FL 32961

00000744



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 P.O. Box 7122

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 N/A

01212008 Chg-LLC CR2E083 (12/06)

City & State

City & State
 Vero Beach, FL

4. FEI Number
 75-3251131

Applied For
 Not Applicable

Zip

Country

Zip

Country

32961

Same

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STURGIS, CHARLES H
 4645 U.S. HIGHWAY 1
 VERO BEACH, FL 32967

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Charles H. Sturgis R/A

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

Date

1-30-2008

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 MGRM Delete
 NAME STURGIS, JACK A
 STREET ADDRESS 4645 U.S. HIGHWAY 1
 CITY-ST-ZIP VERO BEACH, FL 32967

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME MCLOUGHLIN, NELSON E
 STREET ADDRESS 9335 FRANGIPANI DRIVE
 CITY-ST-ZIP VERO BEACH, FL 32963

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME Margues, Carlo
 STREET ADDRESS 6285 6th Street
 CITY-ST-ZIP Vero Beach, FL 32968

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Charles H. Sturgis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-30-2008 772 562
 Date Phone
 4171