


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90091 005 ****50.00

DOCUMENT # M02000002755 1. Entity Name AMELIA CAPITAL II, LLC	
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Principal Place of Business 3473 SATELLITE BLVD., STE. 211 DULUTH, GA 30096	Mailing Address 3473 SATELLITE BLVD., STE. 211 DULUTH, GA 30096
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DO NOT WRITE IN THIS SPACE

20004446



01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4217397	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GEIGER, ALLAN T 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLY, JAMES E 3473 SATELLITE BLVD., STE. 211 DULUTH, GA 30096
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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>James E Kelly</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	<u>James E. Kelly Manager 1-16-06 770-813-0090</u> Date Daytime Phone #
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