

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:06

DOCUMENT # A02000000624

1. Entity Name
 AMELIA ISLAND YACHT BASIN, LTD.



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

3. Mailing Address
 4446 HENDRICKS AVE

Suite, Apt. #, etc.
 AMELIA ISLAND

Suite, Apt. #, etc.
 STE 368

City & State
 JACKSONVILLE FL

City & State
 JACKSONVILLE

Zip
 32207

Country
 USA

Zip
 32207

Country
 USA

03012008 Chg-LP CR2E003 (12/06)

4. FEI Number
 03-0430633

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 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 BENT FRANKLIN, JR.
 Signature, typed or printed name of registered agent and title if applicable.

BENT FRANKLIN, JR. 3/5/08
 DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L02000009647
 NAME AMELIA ISLAND YACHT BASIN, LLC
 STREET ADDRESS 1200 RIVERPLACE BOULEVARD, SUITE 902
 CITY-ST-ZIP JACKSONVILLE, FL 32207

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4446 HENDRICKS AVE STE 368
 CITY-ST-ZIP JACKSONVILLE, FL 32207

DOCUMENT #
 NAME
 STREET ADDRESS
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STREET ADDRESS
 CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: BENT FRANKLIN, JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BENT FRANKLIN, JR. 3/5/08 904/307-0721
 Date Daytime Phone #

STAPLE CHECK HERE