## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000001283

Entity Name: AMLI HOLDINGS INC.

**Current Principal Place of Business:** 

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2007 Secretary of State

**New Principal Place of Business:** 

1230 PEACHTREE STREE, NE, SUITE 1900 9240 BLOUNT ISLAND BLVD JACKSONVILLE, FL 32226 ATLANTA, GA 30309 **Current Mailing Address: New Mailing Address:** 1230 PEACHTREE STREE, NE, SUITE 1900 9240 BLOUNT ISLAND BLVD ATLANTA, GA 30309 JACKSONVILLE, FL 32226 FEI Number: 20-0190750 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DOFO **PCFO** ( ) Delete Title: (X) Change ( ) Addition Name: ADAMS, ROBERT J JR. Name: DAVIS, JAMES V 1230 PEACHTREE STREE, NE, SUITE 1900 9240 BLOUNT ISLAND BLVD Address: Address: City-St-Zip: ATLANTA, GA 30309 City-St-Zip: JACKSONVILLE, FL 32226 Title: Title: STD () Delete (X) Change ( ) Addition Name: FORLENZA, MICHAEL Name: FORLENZA, MICHAEL 1230 PEACHTREE STREET, NE, SUITE 1900 9240 BLOUNT ISLAND BLVD Address: Address: JACKSONVILLE, FL 32226 City-St-Zip: ATLANTA, GA 30309 City-St-Zip: Title: (X) Change ( ) Addition ( ) Delete Title: DCFO LAUGHLIN, ALEXANDER M JR TAYLOR, STEPHEN W Name: Name: 1230 PEACHTREE STREE, NE, SUITE 1900 9240 BLOUNT ISLAND BLVD Address: Address: ATLANTA, GA 30309 City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: KIMBERLY D CHANEY CTLR 04/29/2007

(X) Delete

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1230 PEACHTREE STREE, NE, SUITE 1900

1230 PEACHTREE STRET, NE. SUITE 1900

1230 PEACHTREE STREET, NE, SUITE 1900

MALONEY, T.J.

ATLANTA, GA 30309

MCNAIR, JAMES A

ATLANTA, GA 30309

SHAFER, HAROLD

ATLANTA, GA 30309

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