

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006150

1. Entity Name
AMELIA RIVER CRUISES AND CHARTERS, L.L.C.



Principal Place of Business
**4883 OTIS TRAIL
FERNANDINA BEACH, FL 32034**

Mailing Address
**2206 FLORIDA AVE
FERNANDINA BEACH, FL 32034**



07022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3554056

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCARTHY, KEVIN P
2206 FLORIDA AVENUE
FERNANDINA BEACH, FL 32034**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCCARTHY, BRIAN
STREET ADDRESS	2112 N 14TH ST.
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGRM
NAME	MCCARTHY, GLENN
STREET ADDRESS	1816 S WICKE DR
CITY - ST - ZIP	FLOWER MOUND, TX 75028
TITLE	MGRM
NAME	MCCARTHY, SEAN
STREET ADDRESS	SCOTT RD
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGRM
NAME	BROUD, KERRI
STREET ADDRESS	3715 DRIFTWOOD DR
CITY - ST - ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **7/2/04**

Daytime Phone # _____