


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90054 030 ****50.00

DOCUMENT # L00000011853 1. Entity Name THE AMELIA GROUP OF TAMPA, LLC	
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Principal Place of Business 1408 N. WESTSHORE BLVD. STE 116 TAMPA, FL 33607	Mailing Address 1408 N. WESTSHORE BLVD. STE 116 TAMPA, FL 33607
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20042616



04122005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3673667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRILL, RANDOLPH
 1408 N. WESTSHORE BLVD. STE 116
 TAMPA, FL 33607

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CISNEROS, FRANK G BOX 320785 TAMPA, FL 33679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERRILL, RANDOLPH S 1408 N. WESTSHORE BLVD. STE 116 TAMPA, FL 33607
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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 _____ Daytime Phone # _____