

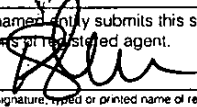
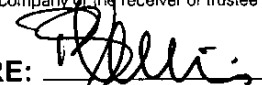


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90016 005 \*\*\*\*50.00

DOCUMENT # L00000011853					
1. Entity Name THE AMELIA GROUP OF TAMPA, LLC					
Principal Place of Business 1408 N. WESTSHORE BLVD. STE 116 TAMPA, FL 33607			Mailing Address 1408 N. WESTSHORE BLVD. STE 116 TAMPA, FL 33607		
2. Principal Place of Business 500 N. WESTSHORE Blvd. Suite, Apt. #, etc. Suite 800 City & State Tampa, FL Zip 33609 Country USA		3. Mailing Address 500 N. Westshore Blvd. Suite, Apt. #, etc. Suite 800 City & State Tampa, FL Zip 33609 Country USA		 04102006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 59-3673667				Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent Name Merrill, Randolph S. Street Address (P.O. Box Number is Not Acceptable) 500 N. Westshore Blvd. Suite 800 City Tampa FL Zip Code 33609		
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 the registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		Randolph S. Merrill, Partner, Reg. Agt		4-19-06 DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CISNEROS, FRANK G BOX 320785 TAMPA, FL 33679 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERRILL, RANDOLPH S 1408 N. WESTSHORE BLVD. STE 116 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERRILL, RANDOLPH S. 500 N. WESTSHORE BLVD., SUITE 800 Tampa, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		Randolph S. Merrill, Partner		4-19-06 813-514-1534	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	