

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 05, 2004  
Secretary of State**

DOCUMENT# L01000005153

Entity Name: AT HOME AMELIA, LLC

**Current Principal Place of Business:**

626 1/2 SOUTH 8TH STREET  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

626 1/2 SOUTH 8TH STREET  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

FEI Number: 59-3712222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAINES, SHIRLEY W  
C/O AT HOME AMELIA LLC  
626 1/2 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: RAINES, SHIRLEY W  
Address: 4672 VILLAGE DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHIRLEY W. RAINES

MGRM

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date