

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005153

Entity Name: AT HOME AMELIA, LLC

FILED  
Jun 06, 2005  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

818 SADLER ROAD  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

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

**New Mailing Address:**

818 SADLER ROAD  
AMELIA ISLAND, FL 32034

FEI Number: 59-3712222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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:**

RAINES, SHIRLEY W  
C/O AT HOME AMELIA LLC  
818 SADLER ROAD  
AMELIA ISLAND, FL 32034 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

06/06/2005

Date

**MANAGING MEMBERS/MANAGERS:**

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

06/06/2005

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