2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L01000006823

1. Entity Name

GATEWAY TO AMELIA, LLC



Principal Place of Business

961687 GATEWAY BLVD.

SUITE 201M

AMELIA ISLAND, FL 32034

Mailing Address

961687 GATEWAY BLVD.

SUITE 201M

AMELIA ISLAND, FL 32034

FILED
Jan 13, 2004 08:00 AM
Secretary of State



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3714105 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLICK, RON V 961687 GATEWAY BLVD. SUITE 201M AMELIA ISLAND, FL 32034

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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 1/13/64		
Signifure, typod or printed name of registered agent and title / applicable (NOTE, Registered Agent signature required when reinstalling)		
Filing Fee is \$50.00 Due by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS	
ITTLE NAME STREET AODRESS CITY+ST-ZIP	MGRM FLICK, RON V MR. 961687 GATEWAY BLVD. STE. 201M AMELIA ISLAND, FL 32034	U00000003835 01/14/04-80003-805 50.00
BILE NAME STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY STUZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		