

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90223 026 ***138.75

60013051



02132008No Chg-LLC


CR2E083 (12/07)

4. FEI Number 59-3748975	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

DOCUMENT # L01000015773

1. Entity Name
AMELIA GREEN GP, LLC



Principal Place of Business 4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250	Mailing Address 4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FINLAY HOLDINGS, INC
 4300 MARSH LANDING BLVD., STE 101
 JACKSONVILLE BEACH, FL 32250**

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINLAY PROPERTIES, INC. 4300 MARSH LANDING BLVD., STE. 101 JACKSONVILLE BEACH, FL 32250
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Kellee Kendrick's Corp Sec (904) 694-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #