

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90338 038 ***138.75

60013603



03012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 03-0430633 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L02000009647

1. Entity Name
AMELIA ISLAND YACHT BASIN, LLC



Principal Place of Business 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE, FL 32207
Mailing Address 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box # 251 CREEKSIDE DR Suite, Apt. #, etc.
3. Mailing Address 4446 HENDRICKS AVE Suite, Apt. #, etc. STE 368

City & State AMELIA ISLAND, FL City & State JACKSONVILLE, FL
Zip 32034 Country USA Zip 32207 Country USA

6. Name and Address of Current Registered Agent

FRANKLIN, BEN T JR.
1200 RIVERPLACE BOULEVARD, SUITE 902
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name FRANKLIN, BEN T. JR.
Street Address (P.O. Box Number is Not Acceptable) 4446 HENDRICKS AVE / STE 368
City JACKSONVILLE FL Zip Code 32207

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: [Signature] BEN T. FRANKLIN, JR. 3/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FRANKLIN, BEN T JR
STREET ADDRESS 903 RIVER OAKS ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☐ Delete

TITLE MGR
NAME GALLAGHER, DANIEL J
STREET ADDRESS 137 LONG POINT DRIVE
CITY-ST-ZIP AMELIA ISLAND, FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME FRANKLIN, BEN T. JR
STREET ADDRESS 4446 HENDRICKS AVE
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: [Signature] BEN T. FRANKLIN, JR. 3/5/08 904/327-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #