

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-29-2004 90068 047 ****50.00
L02000033246

FILED

04 MAY -7 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L02000033246					
1. Entity Name AMELIA CONCOURSE DEVELOPMENT, LLC					
Principal Place of Business 317 CENTRE STREET AMELIA ISLAND, FL 32034			Mailing Address 317 CENTRE STREET AMELIA ISLAND, FL 32034		
2. Principal Place of Business 2955 Hartley Road Suite, Apt. #, etc. Suite 108			3. Mailing Address 2955 Hartley Road Suite, Apt. #, etc. Suite 108		
City & State Jacksonville, FL			City & State Jacksonville, FL		
Zip 32257		Country Duval		4. FEI Number 59-3117573	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MOTOLAW, INC. 50 NORTH LAURA STREET, SUITE 2500 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Greg Matovina Street Address (P.O. Box Number is Not Acceptable) 2955 Hartley Road Suite 108 City Jacksonville FL Zip Code 32257		
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 <u><i>William J. Mock</i></u> (NOTE: Registered Agent signature required when replacing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREVETT, HARRY R 1325 ATLANTIC AVE. FERNANDINA BEACH, FL 32034 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR W. R. Howell Company 2955 Hartley Road, Suite 108 Jacksonville, FL 32257 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOCK, WILLIAM J MOCK 317 CENTRE ST. FERNANDINA BEACH, FL 32034 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAJ HOLDING INC. 311 CENTRE ST. FERNANDINA BEACH, FL 32034 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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.					
SIGNATURE: <u><i>William J. Mock</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					