2005 LIMITED LIABILITY COMPANY

FILED Mar 11, 2005 08:00 AM Secretary of State

	ANNUAL REPORT	PM	•
DOCUMENT	# L02000033246		
. Entity Name			6

AMELIA CONCOURSE DEVELOPMENT, LLC Principal Place of Business Mailing Address

2955 HARTLEY ROAD STE. 108 JACKSONVILLE, FL 32257 US

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DO	NOT	WR	ITE	IN	THIS	SPACE
	1101	***		11.4		~ ~ ~ ~ ~ ~

6. Name and Address of Current Registered Agent

1122005 No Chg-LLC	CR2E083 (10/03)

4. FEI Number	Applied For
59-3117573	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

MATOVINA, GREG =		 DO NOT WRITE
2955 HARTLEY ROAD		
STE, 108		WIND THIS COACE
JACKSONVILLE, FL 32257	•	IN THIS SPACE

		*			
	named entity submits this statement for the purpose of cha tions of registered agent.	inging its registere	d office or registered agent, or both, i	n the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered	Agent signature required when reinstating)	DAYE	
F	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR W.R. HOWELL COMPANY 2955 HARTLEY ROAD JACKSONVILLE, FL 32257			U000000259331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				03/11/05-80018-020 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling 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 eath; 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 AND TYPED OR THINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE