

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004852

FILED
Mar 31, 2008
Secretary of State

Entity Name: AMERIS REALTY OF FLORIDA, LLC

Current Principal Place of Business:

1114 SEVENTEENTH AVENUE SOUTH, SUITE 205
NASHVILLE, TN 37212

New Principal Place of Business:

Current Mailing Address:

1114 SEVENTEENTH AVENUE SOUTH, SUITE 205
NASHVILLE, TN 37212

New Mailing Address:

FEI Number: 33-1046274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZACUR, RICHARD A ESQ.
C/O ZACUR & GRAHAM, P.A.
5200 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEWIS, SAM J JR.
Address: 1114 SEVENTEENTH AVE S #205
City-St-Zip: NASHVILLE, TN 372122215

Title: MGRM () Delete
Name: TWIFORD, RAINER
Address: 3317 OVERBROOK ROAD
City-St-Zip: BIRMINGHAM, AL 35213 US

Title: MGRM () Delete
Name: DUTY, J. BRUCE
Address: 7501 BEACON HILL ROAD
City-St-Zip: MCKINNEY, TX 75070 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAM J. LEWIS JR.

MGRM

03/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date