


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000021241 1. Entity Name AMELIA INVESTMENTS, LLC	
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Principal Place of Business 8320 GULF BLVD ST PETE BEACH FL 33706 US	Mailing Address 8320 GULF BLVD ST PETE BEACH FL 33706 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANTHONY, ANDREW 8320 GULF BLVD ST. PETE BEACH FL 33706	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 file if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGRM NAME ANTHONY, ANDREW STREET ADDRESS 8320 GULF BLVD CITY-STATE-ZIP ST PETE BEACH FL 33706	<input type="checkbox"/>
TITLE	MGRM NAME ANTHONY, VICKY J STREET ADDRESS 8320 GULF BLVD CITY-STATE-ZIP ST PETE BEACH FL 33706	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #