2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000024209

1. Entity Name
AMICI, LLC

Principal Place of Business	Mailing Address
PO BOX 6369	PO BOX 6369
DESTIN, FL 32550	DESTIN, FL 32550

01052005No Chg-LLC   CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
86-1070302	Not Applicable

5. Certificate of Status Desired   ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HART, W. CHRISTOPHER
151 REGIONS WAY, SUITE 6-A
DESTIN, FL 32541

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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, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	JACOVELLI, SAVERIO
STREET ADDRESS	P.O. BOX 6369
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	MGRM
NAME	DAMIANO, DOMINIC R
STREET ADDRESS	PO BOX 6369
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	MGRM
NAME	PETERSEN, LAWRENCE E
STREET ADDRESS	PO BOX 6369
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Saverio Jacovelli·1-5-05_   850 654-1606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #