

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024209

FILED
Jan 03, 2008
Secretary of State

Entity Name: AMICI, LLC

Current Principal Place of Business:

PO BOX 6369
DESTIN, FL 32550

New Principal Place of Business:

12273 EMERALD COAST PKWY WEST
SUITE 118
DESTIN, FL 32550

Current Mailing Address:

PO BOX 6369
DESTIN, FL 32550

New Mailing Address:

FEI Number: 86-1070302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACOVELLI, SAVERIO
12273 EMERALD COAST PARKWAY
SUITE 118
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

JACOVELLI, SAVERIO
12273 EMERALD COAST PARKWAY W.
SUITE 118
DESTIN, FL 32550 US

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: _____

01/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACOVELLI, SAVERIO
Address: P.O. BOX 6369
City-St-Zip: DESTIN, FL 32550

Title: MGRM () Delete
Name: DAMIANO, DOMINIC R
Address: PO BOX 6369
City-St-Zip: DESTIN, FL 32550

Title: MGRM () Delete
Name: PETERSEN, LAWRENCE E
Address: PO BOX 6369
City-St-Zip: DESTIN, FL 32550

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: SAVERIO JACOVELLI

MGRM

01/03/2008

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