

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021059

Entity Name: AMELIA MARINAS, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

1153 BEACH BLVD  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51584  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

FEI Number: 20-0875163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

F & L CORP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

STUTSMAN, THAMES & MARKEY, P.A.  
50 N. LAURA STREET  
SUITE 1600  
JACKSONVILLE, FL 32202 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: BRAD MARKEY

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: UNDERWOOD, HERBERT L JR  
Address: 1153 BEACH BLVD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM (X) Delete  
Name: REGISTER, GEORGE III  
Address: 11251 FORT GEORGE ROAD  
City-St-Zip: JACKSONVILLE, FL 32226

**ADDITIONS/CHANGES:**

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: HERBERT LEE UNDERWOOD JR

MGRM

04/30/2009

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