2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000040221

1. Entity Name
AMELIA PARK TOWN CENTER, LLC

Principal Place of Business	Mailing Address
914 ATLANTIC AVENUE 1-D FERNANDINA BEACH, FL 32034	914 ATLANTIC AVENUE 1-D FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

01232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
55-0872106

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUCHANAN, CLAYTON W
914 ATLANTIC AVENUE 1-D
FERNANDINA BEACH, FL 32034

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BUCHANAN, CLAYTON W
STREET ADDRESS	914 ATLANTIC AVENUE 1-D
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGRM
NAME	SCHULTZ, JOHN R
STREET ADDRESS	914 ATLANTIC AVENUE 1-D
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGRM
NAME	ANTONOPOULOS, MICHAEL
STREET ADDRESS	914 ATLANTIC AVENUE 1-D
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGRM
NAME	MORI, KURT W
STREET ADDRESS	914 ATLANTIC AVENUE 1-D
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000800270
01/31/08-80010-020 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 01/24/08 9042618279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #