2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L04000040221

Entity Name: AMELIA PARK TOWN CENTER, LLC

Current Principal Place of Business:

914 ATLANTIC AVENUE 1-D
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

914 ATLANTIC AVENUE 1-D
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 55-0872106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BUCHANAN, CLAYTON W	
Address:	914 ATLANTIC AVENUE 1-D	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	MGRM	( ) Delete
Name:	SCHULTZ, JOHN R	
Address:	914 ATLANTIC AVENUE 1-D	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	MGRM	( ) Delete
Name:	ANTONOPOULOS, MICHAEL	
Address:	914 ATLANTIC AVENUE 1-D	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	MGRM	( ) Delete
Name:	MORI, KURT W	
Address:	914 ATLANTIC AVENUE 1-D	
City-St-Zip:	FERNANDINA BEACH, FL 32034	

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:	
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: CLAYTON W. BUCHANAN MM 04/15/2009

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