2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-24-2005 90101 013 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01202005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000043075

1. Entity Name
AMELIA ISLAND CHARTER FISHING LLC.

Principal Place of Business	Mailing Address
5111 SABAL PALM RD. APT. 93 FERNANDINA BEACH, FL 32034 US	5111 SABAL PALM RD. APT. 93 FERNANDINA BEACH, FL 32034 US

2. Principal Place of Business	3. Mailing Address
2685 Le Sabre Place	2685 Le Sabre Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Beach FL	City & State: Fernandina Beach FL
Zip: 32034 Country: USA	Zip: 32034 Country: USA

4. FEI Number: 03-0543355 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUMPTON, JEFFREY S
~~5111 93 SABAL PALM RD.~~ 2685 Le SAbre place
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jeffrey S. Crumpton 2685 LeSAbre Place Fernandina Beach, FL 32034 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jeffrey S. Crumpton Jeffrey S. Crumpton 1/20/2005 904-753-6379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #