

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043075

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** AMELIA ISLAND CHARTER FISHING LLC.

**Current Principal Place of Business:**

2685 LE SABRE PLACE  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

85091 AMAGANSETT DRIVE  
FERNANDINA BEACH, FL 32034 US

**Current Mailing Address:**

2685 LE SABRE PLACE  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

85091 AMAGANSETT DRIVE  
FERNANDINA BEACH, FL 32034 US

**FEI Number:** 03-0543355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUMPTON, JEFFREY S  
2685 LE SABRE PLACE  
FERNANDINA BEACH, FL 32034 US

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

CRUMPTON, JEFFREY S  
85091 AMAGANSETT DRIVE  
FERNANDINA BEACH, FL 32034 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:

04/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CRUMPTON, JEFFREY S  
Address: 2685 LE SABRE PLACE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CRUMPTON, JEFFREY S  
Address: 85091 AMAGANSETT DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY S. CRUMPTON

MGRM

04/17/2007

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