


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L04000056098 1. Entity Name AMELIA CONCOURSE, LLC	
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Principal Place of Business 6215 WILSON BLVD. JACKSONVILLE, FL 32210	Mailing Address P.O. BOX 7779 JACKSONVILLE, FL 32238
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4779977	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STONEBURNER, GRESHAM R 841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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


**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TWT DEVELOPMENT CORPORATION P.O. BOX 7779 JACKSONVILLE, FL 32238
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05/18/07-80102-010 50.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	William B. Towers, Jr. <small>Date</small>	4-25-07 <small>Daytime Phone #</small>	904-778-1888
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