

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90025 042 \*\*\*\*50.00

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04062005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000061138</b> 1. Entity Name <b>AMELIA PARK CONDOS I, L.L.C.</b>					
Principal Place of Business <b>4745 SUTTON PARK COURT, BLDG. 500, #501 JACKSONVILLE, FL 32224</b>			Mailing Address <b>4745 SUTTON PARK COURT, BLDG. 500, #501 JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-1720985</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>Deal</b> <b>DAEL, BLAKE F III, ESQ</b> <b>C/O BARTLETT &amp; DEAL, P.A.</b> <b>135 PROFESSIONAL DRIVE, SUITE 101</b> <b>PONTE VEDRA BEACH, FL 32082</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LENDRY, BRYAN</b> <b>4745 SUTTON PARK COURT, BLDG. 500, #501</b> <b>JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>TABB, JEFFREY E</b> <b>4745 SUTTON PARK COURT, BLDG. 500, #501</b> <b>JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>			<b>Bryan J. Lendry</b> Date: <b>4/8/05</b> Daytime Phone #: <b>904-992-2100</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					