

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061138

FILED
Apr 30, 2009
Secretary of State

Entity Name: AMELIA PARK CONDOS I, L.L.C.

Current Principal Place of Business:

4745 SUTTON PARK COURT, BLDG. 500, #501
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4745 SUTTON PARK COURT, BLDG. 500, #501
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-1720985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURST, CHRISTOPHER J
4776 HODGES BOULEVARD
SUITE 206
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

CVERCKO, ALEXANDER B ESQ.
4745 SUTTON PARK COURT
SUITE 502
JACKSONVILLE, FL 32224 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: ALEXANDER B. CVERCKO, ESQ.

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LENDRY, BRYAN
Address: 4745 SUTTON PARK COURT, BLDG. 500, #501
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: TABB, JEFFREY E
Address: 4745 SUTTON PARK COURT, BLDG. 500, #501
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

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: BRYAN J. LENDRY

MGRM

04/30/2009

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