2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 12, 2007 08:00 A ate

DOCUMENT # L04000061264 1. Entity Name AMELIA TENNIS VILLAS DEVELOPMENT COMPANY LLC					S	ecre	tary	of Sta
Principal Place of Business Mailing Address				 	7			
1501 LEWIS STREET Amelia Island, FL 32034		1501 LEWIS STREET Amelia Island, Fl 32034						
ANILLIA ISLA	MU, FE 32034	AWICLIA ISLAND, FE SZC	J34					
2. Principal F	3. Mailing Address							
		The state of the s				 	4 11618 AISII 818	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092007 Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State		4. FEI Number		Ap	plied For	
7'- Country		70			34-2017015			t Applicable
Zip	Country Zip Co		Coun	itry	5. Certificate of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current R	legistered Agent			7. Name and Address of New Re	gistered A	jent	
F&L CORP.				Name				
ONE INDE			Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	IVILLE, FL 32202							<u></u>
				City			Zip Code	9
R The above	named entity submits this statement for	the oursess of changing its r	ogistor] '	ared agent or both in the State of Fla	FL	1 '	
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 ar	d life il applicable (NOTE:	Regislere	d Agent signature requir		DATE		, ,
Filing Fee is \$50.00 Due by May 1, 2007					Make Florida	check pa Departme	yable to nt of State	6 - (• ((β ₁) β ₁ β ₂ β ₃ β ₃
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/	CHANGES	- 4	.1
TITLE NAME	MGRM Delete AMELIA TENNIS VILLAS INVESTMENT CO LLC		TITLE			ļ	☐ Change	☐ Addition
STREET ADDRESS	1501 LEWIS STREET	MILITI CO LEO		ET ADDRESS				
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY	-ST-ZIP				
TITLE NAME		☐ Delete	TITLE		Hōonoa:	702321	☐ Change	Addition
STREET ADDRESS			NAM STRE	ET ADDRESS	U000001 	aŏŏŏŏō-c)24 50.	.00
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE			ı	Change	Addition
NAME STREET ADDRESS			NAMI STRE	E Et address				
CITY-ST-ZIP			1	-ST-ZIP				
TITLE		☐ Delete	TITLE				Change	Addition
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CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAM					_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME	E		•		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
	Sertify that the information supplied with the	his filling does not qualify for t			Lin Chanter 110 Florida Statutos 14	ther contiles	hat the !=f=-	matica
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 eath; 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.								

Jack B. Healan, Jr.