2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # L04000061272** 04-18-2005 90081 015 ****50.00 1. Entity Name AMELIA TENNIS VILLAS INVESTMENT COMPANY LLC Principal Place of Business Mailing Address 20033230 1501 LEWIS STREET 1501 LEWIS STREET AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For 34-2017010 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent F&L CORP Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE STE. 1300 JACKSONVILLE, FL 32202 City Zip Code 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM ☐ Delete TITLE TITLE **XX**Change ☐ Addition NAME AMELIA ISLAND COMPANY, INC. 3MAN Amelia Island Company STREET ADDRESS STREET ADDRESS 1501 LEWIS STREET CITY-ST-ZIP AMELIA ISLAND, FL 32034 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 sport as required by Chapter 608, Florida Statutes.

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

NATURE AND TYPED O

Jack B. Healan, Jr.

4/12/05

904.277.5101

Daytime Phone #

FILED