


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 A
Secretary of State

DOCUMENT # L04000068279 1. Entity Name AMELIA SPYGLASS VILLAS INVESTMENT COMPANY LLC	
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Principal Place of Business 1501 LEWIS STREET AMELIA ISLAND, FL 32034	Mailing Address P.O. BOX 3000 AMELIA ISLAND, FL 32035
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02102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1659848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

5. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202
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**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ **U00000515754**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) **04/23/06 08:00 50.00**

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMELIA ISLAND COMPANY 1501 LEWIS STREET FERNANDINA BEACH, FL 32034
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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #