2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# L05000025105

Entity Name: AMELIA RIVER PLANTATION, LLC

Current Principal Place of Business:

SUNTRUST CENTER
5211 S. FLETCHER AVENUE SUITE 265
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

C/O CYPRESS DEVELOPMENT
205 CORPORATE CENTER DRIVE SUITE E
STOCKBRIDGE, GA 30281 US

New Mailing Address:

FEI Number: 20-2487061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POOLE, WESLEY R
303 CENTRE STREET
SUITE 200
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HEAD, PAUL W
Address: 1768 DUNES CLUB PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM ( ) Delete
Name: GILLEY, PASCHAL JR.
Address: 436 BEACHSIDE PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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: PASCHAL GILLEY JR. MGRM 05/09/2007

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