

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042339

**FILED**  
**Jan 13, 2006**  
**Secretary of State**

**Entity Name:** AMELIA BEACHFRONT PROPERTIES, LLC

**Current Principal Place of Business:**

P.O. BOX 15474  
FERNANDINA BEACH, FL 32035

**New Principal Place of Business:**

1144 CANTON STREET  
SUITE 205  
ROSWELL, GA 30075 US

**Current Mailing Address:**

P.O. BOX 15474  
FERNANDINA BEACH, FL 32035

**New Mailing Address:**

1144 CANTON STREET  
SUITE 205  
ROSWELL, GA 30075 US

**FEI Number:** 20-2642066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEARD, WILLIAM G JR  
5202 VILLAGE WAY  
FERNANDINA BEACH, FL 32034 US

**Name and Address of New Registered Agent:**

TOMASSETTI, JEFFREY ESQ.  
406 ASH STREET  
FERNANDINA BEACH, FL 32035 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: A. JEFFREY TOMASSETTI, ESQ.

01/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BEARD, WILLIAM G JR  
Address: P.O. BOX 15474  
City-St-Zip: FERNANDINA BEACH, FL 32035

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AHMED, KIM  
Address: 1144 CANTON STREET, SUITE 205  
City-St-Zip: ROSWELL, GA 30075

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM AHMED

MGRM

01/13/2006

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