## **2008 LIMITED LIABILITY COMPANY**

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**ANNUAL REPORT** 

DOCUMENT # L05000042887

AMELIA AVENUE PARTNERS, LLC

Principal Place of Business

142 EAST NEW YORK AVE DELAND, FL 32724

Mailing Address

142 EAST NEW YORK AVE DELAND, FL 32724

## **FILED** Apr 21, 2008 08:00 A Secretary of State



01142008 No Chg-LLC

CR2E083 (12/07)

4	FEI Number	
٠.	20-2770027	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

PAUL, HARLAN L 142 EAST NEW YORK AVE DELAND, FL 32724

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	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 acc the obligations of registered agent.	:ept
٥.	0.07.175	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

<u> U</u>Q00000910157 05/06/08-80098-023 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	PAUL, HARLAN L	
STREET ADDRESS	142 EAST NEW YORK AVE	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	1 122	
NAME		
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CITY-ST-ZIP		
14. I haraby costifu that the information expelled with this filling does not qualify for the		

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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