

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000088351

Entity Name: AMELIA ASSOCIATES, LLC

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 40749  
JACKSONVILLE, FL 32203

**New Mailing Address:**

FEI Number: 20-3418747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAY, JONATHAN L  
1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204 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  
Name: FLANAGAN, TIMOTHY L  
Address: 1548 LANCASTER TERRACE  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MGRM  
Name: HAY, JONATHAN L  
Address: 1548 LANCASTER TERRACE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM  
Name: FISHBURNE, III, JOHN I  
Address: 1548 LANCASTER TERRACE  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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: JONATHAN L. HAY

MGRM

02/18/2010

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