2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State
02-27-2007 90083 026 ****50.00

DOCUMENT # L05000100212

1. Entity Name
WILDWOOD AMELIA, LLC

Principal Place of Business	Mailing Address
2933 EASTWIND DR. FERNANDINA BEACH FL 32034 US	2933 EASTWIND DR. FERNANDINA BEACH FL 32034 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
13846 ATLANTIC BLVD		13846 ATLANTIC BLVD.	
Suite, Apt. #, etc.: #705		Suite, Apt. #, etc.: #705	
City & State: JACKSONVILLE, FL		City & State: JACKSONVILLE, FLA	
Zip: 32225	Country: USA	Zip: 32225	Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number ~~[illegible]~~ 20-3638725 AP-PLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TOMASSETTI, ARMOND J ESQ.
406 ASH ST.
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name: FRED A. WALSH
Street Address (P.O. Box Number is Not Acceptable): 13846 ATLANTIC BLVD.
#705
City: JACKSONVILLE FL Zip Code: 32225

8. 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: [signature] DATE: 2/19/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, FRED A NEW ADDRESS 2933 EASTWIND DR. FERNANDINA BEACH FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 2/19/07 H- 904-527-1314 CELL 904-583-2416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #