2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116526

City-St-Zip:

Entity Name: AMELIA BLUFF INVESTMENTS LLC

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2990 AMELIA BLUFF DRIVE JACKSONVILLE, FL 32226 US **Current Mailing Address: New Mailing Address:** 2990 AMELIA BLUFF DRIVE JACKSONVILLE, FL 32226 US FEI Number: 20-3886642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: D'ESTERHAZY, KRISTINE A 2990 AMELIA BLUFF DRIVE US JACKSONVILLE, FL 32226 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete D'ESTERHAZY, KRISTINE A Name: Name: 2990 AMELIA BLUFF DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition D'ESTERHAZY, JAMES L Name: Name: Address: 2918 AMELIA BLUFF DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition D'ESTERHAZY, PATRICIA A Name: Name: Address: 2918 AMELIA BLUFF DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: () Delete Title: MGRM Title: () Change () Addition Name: D'ESTERHAZY, EDWARD M Name: Address: 2990 AMELIA BLUFF DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition HURST, SUSAN Name: Name: 2895 AMELIA BLUFF DRIVE Address: Address:

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.

City-St-Zip:

JACKSONVILLE, FL 32226

SIGNATURE: KRISTINE D'ESTERHAZY MGRM 04/19/2006