

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90188 015 ****50.00

DOCUMENT # L06000016016 1. Entity Name AMELIA VENTURES, L.L.C.					
Principal Place of Business 8638 PHILLIPS HIGHWAY, SUITE 3 JACKSONVILLE, FL 32256			Mailing Address P.O. BOX 851260 JACKSONVILLE, FL 32255		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 8638 Phillips Highway Suite, Apt. #, etc. Suite 3 City & State Jacksonville, FL Zip 32256 Country USA			
City & State Zip Country		4. FEI Number 204-32-2558		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Michael Donziger 8638 Phillips Hwy #3 Jacksonville, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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11. I hereby 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:			3/7/07 904-367-8620 Date Daytime Phone #		