

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084038

FILED
Apr 30, 2009
Secretary of State

Entity Name: AMELIA POINT, LLC

Current Principal Place of Business:

2008 RIVERSIDE AVENUE, SUITE 300
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2008 RIVERSIDE AVENUE, SUITE 300
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-5433870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALE, HOWARD L
200 WEST FORSYTH STREET, SUITE 1100
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

ATLANTIC COAST DEVELOPERS, LLC
2008 RIVERSIDE AVE, #300
JACKSONVILLE, FL 32004 US

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: ACD

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SULZBACHER, WILLIAM M
Address: 2008 RIVERSIDE AVE.S-300
City-St-Zip: JACKSONVILLE, FL 32204

Title: PART () Delete
Name: HUDMON, STANTON
Address: 1923 SOUTH HAMPTON RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ACD, ACD
Address: 2008 RIVERSIDE AVE. S-300
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: WS

MM

04/30/2009

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