

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104929

**Entity Name:** AMELIA ISLAND CAPITAL, LLC

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

95126 SPRING TIDE LANE  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

95126 SPRING TIDE LANE  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

**FEI Number:** 26-1273452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEPP, LILLIAN R  
95126 SPRING TIDE LANE  
AMELIA ISLAND, FL 32034 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: STEPP, LILLIAN R  
Address: 95126 SPRING TIDE LANE  
City-St-Zip: AMELIA ISLAND, FL 32034

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: LILLIAN R. STEPP

MGRM

03/08/2010

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