

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041640

FILED  
Jan 20, 2011  
Secretary of State

Entity Name: ETADROS AMELIA GROUP LLC

**Current Principal Place of Business:**

1723 PARK TERRACE EAST  
JACKSONVILLE, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

1723 PARK TERRACE EAST  
JACKSONVILLE, FL 32233 US

**New Mailing Address:**

FEI Number: 26-2480080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TADROS, DAVID S  
1700 PALM BEACH LAKES BLVD  
7TH FLOOR  
WEST PALM BEACH, FL 33401 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: MGR  
Name: TADROS, ANTOWAN  
Address: 1723 PARK TERRACE EAST  
City-St-Zip: ATLANTIC BEACH, FL 32223 US

Title: MGR  
Name: TADROS, ALFRED  
Address: 305 GREENCASTLE DR  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGR  
Name: TADROS, TAMARA  
Address: 1723 PARK TERRACE EAST  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGR  
Name: TADROS, DAVID  
Address: 8435 MAN O WAR RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGR  
Name: TADROS, BRIAN  
Address: 1723 PARK TERRACE EAST  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGR  
Name: TADROS, DANIEL  
Address: 334 E.LIVINGSTON PL.  
City-St-Zip: METAIRIE, LA 70005 US

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: ANTOWAN TADROS

MGR

01/20/2011

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