FILE NOW: Fee after May 1, will be \$588.75

FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 97 FEB 17 AM 8: 29 1997 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #L9600000103 1a. Principal Place of Business Address AMELIA ISLAND ADVENTURES, LLC 4800 AMELIA ISLAND PARKWAY 4800 AMELIA ISLAND PARKWAY SUITE B130 SUITE B130 AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 01/19/1996 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-3359139 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country acz5 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent MELSON, THEODORE E 4800 AMELIA ISLAND PARKWAY Street Address (P.O. Box Number is Not Acceptable) SUITE B130 AMELIA ISLAND FL 32032 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. 2-1-77 SIGNATURE 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers MGRM MELSON, TREODORE E 4800 AMELIA ISLAND PARKWAY AMELIA ISLAND EL MGRM SANCHEZ, ARTHUR M JR 1428 HOLLY DRIVE MERNANDINA BEACH FL -02/19/97--01085--005 ****203.75 ****203.75 11. 1 🕭 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an

THEBOURE E. MELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

904-277-2325 00

<u>863-785-813</u>1

Daylime Phone #

attachment with an address.

SIGNATURE: