


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90026 033 ****50.00

DOCUMENT # L97000001009 1. Entity Name BIRDING AMELIA L.C.					
Principal Place of Business 124 N. 4TH ST. FERNANDINA BEACH, FL 32034			Mailing Address 124 N. 4TH ST. FERNANDINA BEACH, FL 32034		
2. Principal Place of Business 504 BEECH ST		3. Mailing Address 504 BEECH ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FERNANDINA BEACH FL		City & State FERNANDINA BEACH FL		4. FEI Number 59-3469943	
Zip 32034		Country		Applied For Not Applicable	
Zip 32034		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WORSLEY, GRANT 124 N. 4TH ST. FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 504 BEECH ST City FERNANDINA BEACH FL Zip Code 32034		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WORSLEY, GRANT 124 N. 4TH ST. FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	504 BEECH ST FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WORSLEY, BECKY 124 N. 4TH ST. FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	504 BEECH ST FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Grant Worsley</u>			Date: <u>4/10/05</u> Daytime Phone #: <u>(904) 206 0561</u> <u>904 261 4711</u>		