2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000739

Entity Name: AMILLA, LLC

FILED Jan 11, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3825 HENDERSON BLVD., SUITE 207 3825 HENDERSON BLVD. TAMPA, FL 33629

SUITE 403

TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

3825 HENDERSON BLVD., SUITE 207 594 QUEENS MIRROR CIRCLE TAMPA, FL 33629 CASSELBERRY, FL 32707

FEI Number: 91-2166152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTIN, M. SINCLAIR SINCLAIR MARTIN, M. 594 QUEENS MIRROR CIRCLE 13611 HERITAGE WAY US CASSELBERRY, FL 32707 SARASOTA, FL 34240

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: M. SINCLAIR MARTIN 01/11/2004

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

MGR () Delete SINCLAIR MARTIN, MICHELLE Name: Address: 13611 HERITAGE WAY City-St-Zip: SARASOTA, FL 34240

Title: () Delete

Name:

Address: Address: City-St-Zip:

ADDITIONS/CHANGES:

(X) Change () Addition

Name: SINCLAIR MARTIN, M.

Address: 594 QUEENS MIRROR CIRCLE City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM () Change (X) Addition

Name: SINCLAIR, M.

594 QUEENS MIRROR CIRCLE City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: M. SINCLAIR **MGRM** 01/11/2004