

SUBJECT TO \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 MAR 10 PM 1:53

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M97000000784
 MT AMELIA ISLAND, LLC
~~210 OAK AVENUE~~
~~KANNAPOLIS NC 28081~~

TO
 STATE DEPARTMENT OF REVENUE
 210 OAK AVENUE
 KANNAPOLIS NC 28081

2. Principal Place of Business <i>301 South McDowell St.</i> Suite, Apt. #, etc. <i>Suite 1008</i>	2a. Mailing Address <i>301 South McDowell Street</i> Suite, Apt. #, etc. <i>Suite 1008</i>	3. Date Organized or Qualified <i>11/26/1997</i>	3a. State of Formation <i>NC</i>
City & State <i>Charlotte NC</i>	City & State <i>Charlotte, NC</i>	4. FEI Number <i>56-2059975</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <i>28204</i>	Country <i>USA</i>	5. Date of Last Report <i>04/23/1998</i>	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
TAYLOR, MIRIAM
 5136 SEA CHASE DRIVE, UNIT 4
 AMELIA ISLAND FL 32034

8. Name and Address of New Registered Agent/Office
 Name
Taylor-Panos Miriam
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc.
 City
Fernandina Beach FL Zip Code
32034

9. Pursuant to the provisions of Sections 606.416 and 606.508, 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.

SIGNATURE *[Signature]* DATE *3/22/99*
 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-stating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SARIT, LYNNE S	210 OAK AVENUE	KANNAPOLIS NC
MGR	<i>Taylor-Panos, Miriam</i>	<i>5136 Sea Chase Drive, Unit 4</i>	<i>Fernandina Beach, FL 32034</i>

[Signature]
3/22/99

05/10/99-90274-049
\$188.75

11. I do 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 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 attachment with an address.

SIGNATURE: *[Signature]* *Miriam Taylor-Panos* 3/22/99 704-334-8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #