

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000784
 1. Entity Name
 MT AMELIA ISLAND, LLC

FILED

00 NOV -3 AM 7:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 301 S. MCDOWELL ST., SUITE 1008 301 S. MCDOWELL ST., SUITE 1008
 CHARLOTTE NC 28204 CHARLOTTE NC 28204

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 56-2059975 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 TAYLOR-PANOS, MIRIAM
 5136 SEA CHASE DRIVE, UNIT 4
 FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR-PANOS, MIRIAM 5136 SEA CHASE DR., UNIT 9 FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] 10/12/00 Date Daytime Phone #



November 2, 2000

Via Federal Express

Ms. Nanette Causseaux
Division of Corporations
Registration Section
409 East Gaines Street
Tallahassee, Florida 32399

RE: 2000 Uniform Business Report (UBR)
Document #M970000000784

Dear Ms. Causseaux:

Please find enclosed a copy of the UBR for MT Amelia Island, LLC. As per our phone discussion, the first copy of the report was not received. The second report was received October 10, 2000. We issued check number 1229 in the amount of \$50.00 on October 12, 2000. As of today, the check has not cleared our bank.

We respectfully request that the late fee be waived. If you have any questions or concerns please contact me directly at (704) 334-8000 ext. 24.

Sincerely,

A handwritten signature in cursive script that reads "Theresa L. Cullen".

Theresa L. Cullen
Office Manager

Enclosure