

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000784

FILED  
Jul 22, 2004  
Secretary of State

Entity Name: AMELIA HARBOR VIEW, LLC

**Current Principal Place of Business:**

19 SOUTH 2ND STREET  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

19 SOUTH SECOND STREET  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

19 SOUTH 2ND STREET  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

1014 S. TRYON STREET  
SUITE 207  
CHARLOTTE, NC 28203

FEI Number: 03-0493688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCAULEY, RONALD E  
19 SOUTH 2ND STREET  
FERNANDINA BEACH, FL 32034

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

MCCAULEY, RONALD E  
19 S. SECOND STREET  
FERNANDINA BEACH, FL 32034

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:

07/22/2004

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MCCAULEY, RONALD E  
Address: 1014 S. TRYON STREET, STE. 207  
City-St-Zip: CHARLOTTE, NC 28203

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCCAULEY, RONALD E  
Address: 1014 S. TRYON STREET, SUITE 207  
City-St-Zip: CHARLOTTE, NC 28203

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: RONALD E. MCCAULEY

MGRM

07/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date