

**2003 LIMITED LIABILITY COMPANY,
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90193 030 ****50.00


DOCUMENT # M97000000784

1. Entity Name

~~MT AMELIA ISLAND, LLC~~

~~Amelia Harbor View, LLC~~

NO
12/13/02
12/1/03



Principal Place of Business

19 SOUTH 2ND STREET
FERNANDINA BEACH FL 32034

Mailing Address

19 SOUTH 2ND STREET
FERNANDINA BEACH FL 32034

44002089

32034



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ~~56-2050975~~
03-0493628

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TAYLOR-PANOS, MIRIAM~~
19 SOUTH 2ND STREET
FERNANDINA BEACH FL 32034

Ronald E. McCawley

Name

Ronald E. McCawley

Street Address (P.O. Box Numbers Not Acceptable)

~~19 South 2nd St~~ 19 South 2nd St

City

~~Fernandina Beach~~ Fernandina Beach, FL 32034

State

~~FL~~ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronald E. McCawley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retitling)

1/17/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
NAME TAYLOR-PANOS, MIRIAM Delete
STREET ADDRESS 19 SOUTH 2ND STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE NAME Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
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TITLE NAME Delete
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TITLE NAME Delete
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CITY-ST-ZIP

TITLE NAME Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM
NAME McCawley, Ronald E Change Addition
STREET ADDRESS 1014 S. Tryon Street, Ste 207
CITY-ST-ZIP Charlotte NC 28203

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ronald E. McCawley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/03 704 377 1002

Date

Daytime Phone #

CR2E083 (10/02)