

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90053 014 ****50.00

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DOCUMENT # L02000008906			
1. Entity Name SAN SEBASTIAN NORTH, LLC			
Principal Place of Business 4035 GRANDE VISTA BLVD. #117 ST AUGUSTINE, FL 32084		Mailing Address 4035 GRANDE VISTA BLVD. #117 ST AUGUSTINE, FL 32084	
2. Principal Place of Business 2225 A1A South Suite, Apt. #, etc. C-8		3. Mailing Address P.O. Box 469 Suite, Apt. #, etc.	
City & State ST. AUGUSTINE, FL		City & State ST. AUGUSTINE FL	
Zip 32080		Country U.S.A.	
6. Name and Address of Current Registered Agent BROWN, WILLIAM A 234 NESMITH AVE SAINT AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name W. STEVE SYKES Street Address (P.O. Box Number is Not Acceptable) 2225 A1A SOUTH, C-8 City ST. AUGUSTINE FL Zip Code 32080	
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 DATE 4/19/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, WILLIAM A PO BOX 805 SAINT AUGUSTINE, FL 32085 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLE, SCOTT 344 WEFF ROAD SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE III, SCOTT RD. Box 469 ST. AUGUSTINE, FL 32085 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:		Date 4/17/2005 (904) 921-5505 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			