
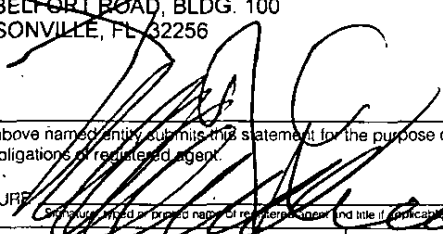
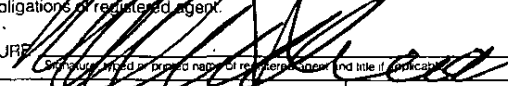


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90328 028 ****50.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # L06000095592 | | | |  | |
| 1. Entity Name ST. AUGUSTINE ROAD, L.L.C. | | | | | |
| Principal Place of Business 7880 GATE PARKWAY, STE. 300 JACKSONVILLE, FL 32256 | | | Mailing Address % ANSBACHER & SCHNEIDER, P.A. P.O. BOX 551260 JACKSONVILLE, FL 32255 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | 7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256 | | | |
| City & State | | City & State | | 01082007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-5641526 | |
| | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD, BLDG. 100 JACKSONVILLE, FL 32256  | | | | Name Mike Ashourian | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 7880 GATE PARKWAY SUITE 300 | |
| | | | | JACKSONVILLE, FL 32256 | |
| | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | | | MIKE ASHOURIAN MGR DATE 4/24/07 | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Mike Ashourian | |
| STREET ADDRESS | | | STREET ADDRESS | 7880 GATE PARKWAY SUITE 300 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | JACKSONVILLE, FL 32256 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Elaine Ashourian | | | Elaine Ashourian | | |
| | | | Date | | 4/24/2007 |
| | | | Daytime Phone # 904 992 9000 | | |

60047197

