

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000003601

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** ST. AUGUSTINE WINGS, LLC

**Current Principal Place of Business:**

504 W. GEOFFREY ST.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

1056 NORTH 3RD STREET  
JACKSONVILLE, FL 32250

**New Mailing Address:**

114 S. E. 1ST STREET  
SUITE #7  
GAINESVILLE, FL 32601

**FEI Number:** 59-3641084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BATSEL, ROBERT W  
2337 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470 US

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

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:**

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SCS MANAGEMENT GROUP, , INC.  
Address: 1056 NORTH 3RD STREET  
City-St-Zip: JACKSONVILLE, FL 32250

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCS MANAGEMENT GROUP, , INC.  
Address: 114 S.E 1ST STREET #7  
City-St-Zip: GAINESVILLE, FL 32601

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:** LOUIS SAIG

MGRM

04/18/2005

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