2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 06, 2006 8:00 am Secretary of State

DOCUMENT # L0000003601 1. Entity Name ST. AUGUSTINE WINGS, LLC						03-06-2006 90201 040 ****50.00			
Principal Place of Business 504 W. GEOFFREY ST. ST. AUGUSTINE, FL 32086			Mailing Address 114 S. E. 1ST STREET SUITE #7 GAINESVILLE, FL 32601		 	20 111 20 111 20 111 20 111 20 11	II FEHI EDIED IIKO GIIII OGIDI	: 3111	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182006	Chg-LLC	CR2E083 (11/05)	I		
City & State		City & State		4. FEI Number 59-364			pplied For ot Applicable		
Zip		Country	Zip	Coun	itry	5. Certificate	of Status Desired	S5.00 Ac Fee Requir	ditional ed
	6. Name	and Address of Current R	egistered Agent		Nome	7. Name and	Address of New R	egistered Agent	
BATSEL, ROBERT W 2337 E. SILVER SPRINGS BLVD.					Name Street Address (P.O. Box Number is Not Acceptable)				
OCALA, FI		RINGS BLVD.			Greet Address	3 (1 ,O. DOX (1411)D6			
					City			FL Zip Cod	de
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	L ed office or regist	tered agent, or bot	th, in the State of Flo	•	, and accept
SIGNATURE .						··			<u> </u>
Signature, typed or printed name of registered agent an Filling Fee Is \$50.00 Due by May 1, 2006			to title if applicable. (NOTE	: Hegisterei	d Agent signature requir	red when reinstating)		DATE	
Fi Di	iling Fee i	is \$50.00 v 1. 2006						e check payable to	20
Di	iling Fee i ue by Ma	y 1, 2006	S/MANACEDS	T 40			Florida	Department of Sta	te
9.	iling Fee i	is \$50.00 y 1, 2006 MANAGING MEMBER		10.				Department of Sta	
9	MGRM	y 1, 2006	☐ Delete	10. TITLE		-	Florida	Department of Sta	Addition
9. TITLE NAME STREET ADDRESS	MGRM SCS MAN 114 S.E 1	MANAGING MEMBER MANAGING MEMBER MAGEMENT GROUP, INC ST STREET #7	☐ Delete	TITLE NAMI STRE	et address		Florida	Department of Sta	
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1. I hereby certify that the information supplied with this filling 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 of the seceiver of tustee exprovered to execute this report as required by Chapter 608, Florida Statutes.

NATURE:

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

2-27-06

904-60

Daytime Phone #