


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90177 038 \*\*\*\*55.00

<b>DOCUMENT # L00000009475</b>	
1. Entity Name ST. AUGUSTINE BEACH INVESTMENT, L.L.C.	

Principal Place of Business 9471 BAYMEADOWS ROAD, SUITE 402-403 JACKSONVILLE, FL 32256	Mailing Address 9471 BAYMEADOWS ROAD, SUITE 402-403 JACKSONVILLE, FL 32256
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2. Principal Place of Business 9471 Baymeadows Rd. Suite, Apt. #, etc. #403 City & State Jacksonville, FL Zip 32256 Country Duval	3. Mailing Address 9471 Baymeadows Rd. Suite, Apt. #, etc. #403 City & State Jacksonville, FL Zip 32256 Country Duval
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01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-2642002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ATKERSON, CHARLES F JR. 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	MGR C. ATKERSON, INC. 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE, FL 32256 <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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/10/05 904-739-2202  
Date Daytime Phone #