

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-03-2006 90067 031 ****55.00

DOCUMENT # L00000009475					
1. Entity Name ST. AUGUSTINE BEACH INVESTMENT, L.L.C.					
Principal Place of Business 8833 PERIMETER PARK BLVD. SUITE 1104 JACKSONVILLE, FL 32216			Mailing Address 8833 PERIMETER PARK BLVD. SUITE 1104 JACKSONVILLE, FL 32216		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2642002 20-389009	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ATKERSON, CHARLES F JR. 9474 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) 8833 Perimeter Park Blvd. # 1104 City Jacksonville FL Zip Code 32216	
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR C. ATKERSON, INC. 9474 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member C. Atkinson, Inc. 8833 Perimeter Park Blvd. #1104 Jacksonville, FL 32216	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 606, Florida Statutes.					
SIGNATURE: <u>Charles F. Atkinson Jr.</u> 3/23/06 904-564-2262					