

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000005916**

1. Entity Name  
**ST. GEORGE STREET INVESTMENTS, L.L.C.**



Principal Place of Business  
**17 CORDOVA STREET  
ST. AUGUSTINE, FL 32084**

Mailing Address  
**17 CORDOVA STREET  
ST. AUGUSTINE, FL 32084**



01302007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3716622**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BAILEY, JOHN D JR.  
780 NORTH PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FRASER, JOHN W
STREET ADDRESS	108 ISLAND HAMMOCK WAY
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	MGRM
NAME	FRASER, JOHN R
STREET ADDRESS	14 ST. GEORGE STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	MGRM
NAME	BINNINGER, JOAN E
STREET ADDRESS	114 HERON'S NEST LANE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	MGRM
NAME	FOUNTAIN OF YOUTH PROPERTIES, INC.
STREET ADDRESS	17 CORDOVA STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000624987  
02/14/07-80058-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**John W. Fraser**

**2/5/07**

Date

Daytime Phone #