

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90036 001 *1,616.25

DOCUMENT # L01000014283

1. Entity Name
AUSIT ST. AUGUSTINE, LLC



Principal Place of Business
**5005 TEXAS STREET, SUITE 105
SAN DIEGO, CA 92108**

Mailing Address
**5005 TEXAS STREET, SUITE 105
SAN DIEGO, CA 92108**

30010577



06022008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3740927

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

**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

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KAPLAN, STEPHEN
5005 TEXAS STREET, SUITE 105
SAN DIEGO, CA 92108**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KAPLAN, HOWARD
5005 TEXAS STREET, SUITE 105
SAN DIEGO, CA 92108**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

MGRM

7/17/08

Date

(619) 220-6700

Daytime Phone #