

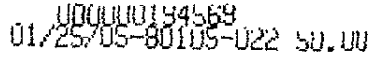


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000015584</b>		
1. Entity Name EASTWOOD OF ST. AUGUSTINE, L.L.C.		
Principal Place of Business 4475 HIGHWAY U.S. 1 SOUTH ST. AUGUSTINE, FL 32086		Mailing Address 4475 HIGHWAY U.S. 1 SOUTH ST. AUGUSTINE, FL 32086
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01142005 No Chg-LLC CR2E083 (10/03)		
4. FEI Number 40-0003541		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		<b>DO NOT WRITE IN THIS SPACE</b>
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small> <span style="float: right;">DATE _____</span>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBINS, ELIZABETH 4475 HIGHWAY U.S. 1 SOUTH, SUITE 504 ST. AUGUSTINE, FL 32086	 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Elizabeth Robins</u> Elizabeth Robins 1/10/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>