2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000015584

Entity Name
ATWOOD OF ST. AUGUSTINE, L.L.C.

Principal Place of Business	Mailing Address
4475 HIGHWAY U.S. 1 SOUTH ST. AUGUSTINE, FL 32086	4475 HIGHWAY U.S. 1 SOUTH ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

01172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
40-0003541
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEY, JOHN D JR.
NORTH PONCE DE LEON BLVD.
AUGUSTINE, FL 32084

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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)

000003[illegible]84
01/30/06-81095-025 50.00

Filing Fee is $50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

	MGRM ROBINS, ELIZABETH 4475 HIGHWAY U.S. 1 SOUTH, SUITE 504 ST. AUGUSTINE, FL 32086

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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: Elizabeth Robins Elizabeth Robins 1/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #