


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90184 011 \*\*\*\*50.00

<b>DOCUMENT # L02000005489</b>	
1. Entity Name <b>NORTH FLORIDA PROPERTIES OF ST. AUGUSTINE BEACH, L.L.C.</b>	

Principal Place of Business <b>5366 FIFTH ST. ST. AUGUSTINE FL 32080</b>	Mailing Address <b>5366 FIFTH ST. ST. AUGUSTINE FL 32080</b>
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2. Principal Place of Business <b>442 OCEAN FOREST DR.</b>	3. Mailing Address <b>442 OCEAN FOREST DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST. AUGUSTINE, FL</b>	City & State <b>ST. AUGUSTINE, FL</b>
Zip <b>32080</b>	Country <b>ST. JOHNS</b>

4. FEI Number <b>03-0413842</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BROWN, RONALD W 66 CUNA ST., STE. A ST. AUGUSTINE FL 32084</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

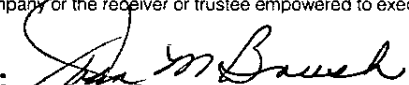
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2004</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUSH, JOAN M 5366 FIFTH ST. ST. AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>442 OCEAN FOREST DR. ST. AUGUSTINE, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLE, SCOTT III 5366 FIFTH ST. ST. AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>442 OCEAN FOREST DR. ST. AUGUSTINE, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b> <b>JOAN M. BRUSH</b>	Date	Daytime Phone # <b>(404) 441-5545</b>
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