

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90077 008 \*\*\*\*50.00

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<b>DOCUMENT # L02000005489</b>			
<b>1. Entity Name</b> NORTH FLORIDA PROPERTIES OF ST. AUGUSTINE BEACH, L.L.C.		<b>Principal Place of Business</b> 442 OCEAN FOREST DR. ST. AUGUSTINE, FL 32080	
<b>2. Principal Place of Business</b> 2225 A 1 A South Suite, Apt. #, etc. C-8		<b>3. Mailing Address</b> P.O. Box 840100 Suite, Apt. #, etc.	
<b>City &amp; State</b> St Augustine, Florida Zip 32080 Country U.S.A.		<b>City &amp; State</b> St. Augustine, Florida Zip 32080 Country U.S.A.	
<b>4. FEI Number</b> 03-0413842		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<b>03142005 Chg-LLC CR2E083 (10/03)</b>	
<b>6. Name and Address of Current Registered Agent</b> BROWN, RONALD W 66 CUNA ST., STE. A ST. AUGUSTINE, FL 32084		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE MGR NAME BRUSH, JOAN M STREET ADDRESS 442 OCEAN FOREST DR. CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME COLE, SCOTT III STREET ADDRESS 442 OCEAN FOREST DR. CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE MGR NAME Cole, Scott III STREET ADDRESS P.O. Box 840100 CITY-ST-ZIP St Augustine, FL 32080	<input checked="" 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
<b>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>			
<b>SIGNATURE:</b> Scott Cole III		<b>4-12-05 (904)461-5505</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	