

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005489

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA PROPERTIES OF ST. AUGUSTINE BEACH, L.L.C.

**Current Principal Place of Business:**

2225 A1A SOUTH  
SUITE C-8  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

395 OCEAN FOREST DR  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

P.O. BOX 840100  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

395 OCEAN FOREST DRIVE  
ST. AUGUSTINE, FL 32080

**FEI Number:** 03-0413842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SYKES, STEVE W  
2225 A1A SOUTH  
SUITE C-8  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

COLE, III, SCOTT  
395 OCEAN FOREST DR  
SAINT AUGUSTINE, FL 32080 US

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.

SIGNATURE: SCOTT COLE III

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COLE, SCOTT III  
Address: P.O. BOX 840100  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COLE, SCOTT III  
Address: 395 OCEAN FOREST DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT COLE III

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date