FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91000 009 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008906

1. Entity Name
SAN SEBASTIAN NORTH, LLC

30062838

Principal Place of Business
32 GROVE AVENUE
ST AUGUSTINE, FL 32084

Mailing Address
32 GROVE AVENUE
ST AUGUSTINE, FL 32084

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 234 Nesmith Ave.
Suite, Apt. #, etc.:
City & State: St. Augustine, FL
Zip: 32084 Country: USA

3. Mailing Address: P.O. Box 805
Suite, Apt. #, etc.:
City & State: St. Augustine, FL
Zip: 32085 Country: USA

4. FEI Number: Applied For ☐ Not Applicable ✓

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

6. Name and Address of Current Registered Agent

BROWN, WILLIAM A
32 GROVE AVENUE
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name: William A. Brown
Street Address (P.O. Box Number is Not Acceptable): 234 Nesmith Ave.
City: St. Augustine FL Zip Code: 32084

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR M ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	William A. Brown	NAME	
STREET ADDRESS	234 Nesmith Ave.	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32084	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Scott Cole	NAME	
STREET ADDRESS	311 Weff Road	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32080	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: Will A. Brown 4/22/03 904-814-2784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #