

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90647 008 ****50.00

DOCUMENT # L02000017251					
1. Entity Name CARRIAGE HOUSE OF ST. AUGUSTINE, LLC					
Principal Place of Business 5420 ATLANTIC VIEW ST. AUGUSTINE, FL 32080			Mailing Address % ANSBACHER & MCKEEL, P.A. 1301 RIVERPLACE TOWER, SUITE 2450 JACKSONVILLE, FL 32207-9037		
2. Principal Place of Business 114 Cedar Street		3. Mailing Address 1800 SR 207			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Augustine FL		City & State St. Augustine FL		4. FEI Number 33-1014846	
Zip 32084		Country St. John's		Zip 32086	
Country St. John's		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ANSBACHER & MCKEEL, P.A. 1301 RIVERPLACE BOULEVARD, SUITE 2450 JACKSONVILLE, FL 32207-9037			7. Name and Address of New Registered Agent Name: <u>Jacobs, Thomas C.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1800 SR 207</u> City: <u>St. Augustine</u> , FL Zip Code: <u>32086</u>		
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:				DATE: <u>4/15/05</u>	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBS, THOMAS C 5420 ATLANTIC VIEW ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBS, THOMAS C 1800 SR 207 St. Augustine FL 32086
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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.					
SIGNATURE:				DATE: <u>4/15/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	

ATTACHMENT

#L02800017251

20059645

Carriage House of Saint Augustine, LLC
114 Cedar Street
St. Augustine, FL 32084

May 25, 2005

To whom it may concern:

My accountant had this form filled out and ready for me to send in prior to the due date. I had a family emergency and had to leave town. I recently returned. I am requesting that you waive the late fees. I am sending in the payment without the late fee, if this is a problem please contact my office at (904)819-0001.

Thank you,



Cameron Jacobs