2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000027643

1. Entity Name

ST. AUGUSTINE REALTY PARTNERS, LLC



Principal Place of Business

7220 FINANCIAL WAY Suite 400

JACKSONVILLE, FL 32256

Mailing Address

7220 FINANCIAL WAY Suite 400

JACKSONVILLE, FL 32256

US

FILED Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90265 047 ***138.75

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02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

JOHNSON, GAIL H 7220 FINANCIAL WAY, SUITE 400 JACKSONVILLE, FL 32256

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The above named entity submits this statement for the put the obligations of registered agent.	urpose of changing its registered office	or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE			
Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Agent sig	nature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MA	NAGERS		

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, JOHN J 7220 FINANCIAL WAY, SUITE 400 JACKSONVILLE, FL 32256
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

RE: HI JULL FULL PENNY HUEL SNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESE 3/26/08

904 296 8006

Daytime Phone #