

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90001 002 ****50.00

DOCUMENT # L02000027643

1. Entity Name
ST. AUGUSTINE REALTY PARTNERS, LLC



Principal Place of Business

**2305 MILLER OAKS DRIVE SOUTH
JACKSONVILLE FL 32217
US**

Mailing Address

**2305 MILLER OAKS DRIVE SOUTH
JACKSONVILLE FL 32217
US**

10107311



2. Principal Place of Business

**7220 Financial Way
Suite, Apt. #, etc.
Suite 400**

3. Mailing Address

**7220 Financial Way
Suite, Apt. #, etc.
Suite 400**

☒ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32256

Country
USA

Zip
32256

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, GAIL H
2305 MILLER OAKS DRIVE SOUTH
JACKSONVILLE FL 32217**

Name
Laura Henry Allen
Street Address (P.O. Box Number is Not Acceptable)
**7220 Financial Way
Suite 400
Jacksonville FL 32256**

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 **Laura Henry Allen** DATE **5/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **Manager** ☐ Delete
NAME **John J. Allen**
STREET ADDRESS **7220 Financial Way**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Suite 400** ☐ Delete
NAME **Jacksonville FL 32256**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Laura Henry Allen** REQUIRED DATE **5/29/03** DAYTIME PHONE # **904 296 8006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)