

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

3. Mailing Address
7220 Financial Way

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

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

7. Name and Address of New Registered Agent
Name *Laura Henry Allen*
Street Address (P.O. Box Number is Not Acceptable)
7220 Financial Way
Suite 400
City *Jacksonville FL* Zip Code *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 *[Signature]*

Laura Henry Allen

5/29/03

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

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

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Manager</i> <i>John J. Allen</i> <i>7220 Financial Way</i> <i>Suite 400</i> <i>Jacksonville FL 32256</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: *[Signature]* **REQUIRED**

5/29/03

904 296 8006

Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (10/02)