

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005160

Entity Name: ST. AUGUSTINE SANDS, L.L.C.

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

7 KIMBERLY LANE
ST. AUGUSTINE BEACH, FL 32080

New Principal Place of Business:

Current Mailing Address:

74 EAST GOLDEN LAKE RD
CIRCLE PINES, MN 55014

New Mailing Address:

74 EAST GOLDEN LK. RD.
CIRCLE PINES, MN 55014

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMSSEN, KAREN L
7 KIMBERLY LANE
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CO () Delete
Name: HARMSSEN, TIM
Address: 74 EAST GOLDEN LAKE ROAD
City-St-Zip: CIRCLE PINES, MN 55014

Title: CO () Delete
Name: HARMSSEN, KAREN
Address: 74 EAST GOLDEN LAKE ROAD
City-St-Zip: CIRCLE PINES, MN 55014

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN LEE HARMSSEN

MNG.

06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date