2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010840

1. Entity Name
ST. AUGUSTINE CORNERS, LLC

60000767

Principal Place of Business	Mailing Address
1301 PLANTATION ISLAND DR SOUTH STE 303A ST. AUGUSTINE, FL 32080	1301 PLANTATION ISLAND DR SOUTH STE 303A ST. AUGUSTINE, FL 32080

01082008   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 56-2343225 / Applied For / Not Applicable
Zip / Country	Zip / Country	**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
PATTERSON, BOND, & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	Name _T. B. Kemp_ Street Address (P.O. Box Number is Not Acceptable) _1301 Plantation Island Drive South, Suite 303A_ City _St. Augustine_ FL Zip Code _32080_

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 _T. Brendan Kemp_   MGRM   _1-8-08_

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	KEMP, T. BRENDAN		NAME			
STREET ADDRESS	1301 PLANTATION ISLAND DR SOUTH STE 303A		STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _T. Brendan Kemp_   _1-8-09_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #