

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000025929

1. Entity Name
AUGUSTINE ISLAND, LLC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 27 PM 4:58

Principal Place of Business
**6 FAIRFIELD BLVD, STE. 3
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**6 FAIRFIELD BLVD, STE. 3
PONTE VEDRA BEACH, FL 32082**



04242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0242399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AUGUSTINE ISLAND, INC. 6 FAIRFIELD BLVD, STE. 3 PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**LESTER N. GARRIS
SEN. VILE PAES MANAGING MGR**

4/20/06 9042804004

Date

Daytime Phone #

10B
4/27