

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 18, 2005  
Secretary of State**

DOCUMENT# L04000048524

Entity Name: 169 AUGUSTINE ISLAND WAY, LLC

**Current Principal Place of Business:**

4515 SUNBERRY DRIVE  
GAMBER, MD 21048

**New Principal Place of Business:**

**Current Mailing Address:**

4515 SUNBERRY DRIVE  
GAMBER, MD 21048

**New Mailing Address:**

FEI Number: 20-1373184      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: SCHEINER, CRAIG G  
Address: 4515 SUNBERRY DRIVE  
City-St-Zip: GAMBER, MD 21048

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG G. SCHEINER

MR.

07/18/2005

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