2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000048524

1. Entity Name

169 AUGUSTINE ISLAND WAY, LLC



Mailing Address

Principal Place of Business 4515 SUNBERRY DRIVE GAMBER, MD 21048

SIGNATURE

4515 SUNBERRY DRIVE GAMBER, MD 21048

FILED Apr 11, 2007 08:00 All Secretary of State



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1373184 Applied For Not Applicable

410-385-577

Daytime Phone #

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 rematating)		(NOTE: Registered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007		U00000700395 04/20/07-80016-007 50.00
9	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	MR. SCHEINER, CRAIG G 4515 SUNBERRY DRIVE GAMBER, MD 21048	
THLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 activer or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.		

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