

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90114 023 \*\*\*\*50.00

**DOCUMENT # L04000075957**

1. Entity Name  
**A1A REALTY NORTH, LLC**



Principal Place of Business  
**1100-4 PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084**

Mailing Address  
**1100-4 PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084**

**60049828**



2. Principal Place of Business - No P.O. Box #  
**2802 N 5th St.**

3. Mailing Address  
**2802 N 5th St.**

04272007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**20-1817309**

Applied For  
Not Applicable

City & State  
**St AUGUSTINE FL**

City & State  
**St AUGUSTINE FL**

Zip  
**32084**

Country

Zip  
**32084**

Country

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

**6. Name and Address of Current Registered Agent**

**CHAPMAN, CINDY  
1100-4 PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32084**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box, Number is Not Acceptable)

**2802 N 5th Street**

City **St AUGUSTINE**

FL

Zip Code **32084**

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

**Cindy S Chapman**

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

(NOTE: Registered Agent signature required when reinstating)

**4/27/07**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CHAPMAN, CINDY  
509 TURNBERRY LANE  
ST. AUGUSTINE, FL 32080** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

**Cindy S Chapman**

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

**4/27/07 904-494-2721**

Date

Daytime Phone #