FILED
Mar 07, 2008 8:00 am
Secretary of State

02-05-2008 90027 039 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000075957

1. Entity Name
A1A REALTY NORTH, LLC

30001440

Principal Place of Business	Mailing Address
2802 NORTH 5TH ST SAINT AUGUSTINE, FL 32084	2802 NORTH 5TH ST SAINT AUGUSTINE, FL 32084

01312008 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
Zip / Country	Zip / Country

4. FEI Number: 20-1817309 ☐ Applied For ☐ Not Applicable

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
CHAPMAN, CINDY 2802 NORTH 5TH ST SAINT AUGUSTINE, FL 32084	Name: Colleen Graubard Street Address (P.O. Box Number Is Not Acceptable): 33 Water St 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: Colleen Graubard Colleen Graubard 1-31-08
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	MGR	☒ Delete	TITLE	MGR	☐ Change ☒ Addition
NAME	CHAPMAN, CINDY		NAME	COLLEEN GRAUBARD	managing member broker
STREET ADDRESS	509 TURNBERRY LANE		STREET ADDRESS	33 WATER ST.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		☐ Delete	TITLE	MBR	☐ Change ☒ Addition
NAME			NAME	ROBERT JL LAURENCE	managing member
STREET ADDRESS			STREET ADDRESS	101 BILBAO	
CITY-ST-ZIP			CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Colleen Graubard Colleen Graubard 1-31-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #