


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

04-12-2005 90021 014 ****50.00

DOCUMENT # L04000078393

1. Entity Name
 165 AUGUSTINE ISLAND WAY, LLC




Principal Place of Business
 6 FAIRFIELD BOULEVARD, SUITE 3
 PONTE VEDRA BEACH, FL 32082

Mailing Address
 6 FAIRFIELD BOULEVARD, SUITE 3
 PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

30005670



01182005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 10-1866383

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10/05</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER LESTER GARRIBO 3217 LADWING DR LAS VEGAS, NV 89054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: LESTER N. GARRIBO, MANAGING MEMBER *4/9/05 7023268621*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Mo/Year