

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-08-2007 90109 043 \*\*\*\*50.00

DOCUMENT # L04000078393 1. Entity Name 165 AUGUSTINE ISLAND WAY, LLC	
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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
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04272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1866383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARRIPEE, LESTER 3217 LAPWING DR NORTH LAS VEGAS, NV 89084
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**DO NOT WRITE IN THIS SPACE**

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:  LESTER GARRIPEE Date: 4/30/07 Daytime Phone #: 904 280 4004

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