


FILED  
May 31, 2005 8:00 am  
Secretary of State

05-02-2005 90367 050 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L04000080451	
1. Entity Name 9905 ST. AUGUSTINE ROAD, LLC	

Principal Place of Business 6367 BELFORT OAKS PLACE JACKSONVILLE, FL 32216	Mailing Address 6867 BELFORT OAKS PLACE JACKSONVILLE, FL 32216
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30008116



2. Principal Place of Business <i>6367 Belfort Oaks Place</i> Suite, Apt. #, etc.	3. Mailing Address <i>6867 Belfort Oaks Place</i> Suite, Apt. #, etc.
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04212005 Chg-LLC CR2E083 (10/03)

City & State	City & State	4. FEI Number <i>20-1859416</i>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STONEBURNER BERRY & SIMMONS, P.A. 841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. This 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 fee if applicable. (NOTE: Registered Agent signature required when registering) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR <td>WARREN, SCOTT D <td></td> <td></td> </td>	WARREN, SCOTT D <td></td> <td></td>		
STREET ADDRESS	6867 BELFORT OAKS PLACE	STREET ADDRESS	<i>6367 Belfort Oaks Place</i>
CITY- ST- ZIP	JACKSONVILLE, FL 32216	CITY- ST- ZIP	
<input type="checkbox"/> Delete		<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)(k), Florida Statutes. I further certify that the information provided 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 <i>Scott D. Warren</i>	DATE <i>4/27/05</i>	PHONE <i>(904) 296-7313</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Office Phone #</small>