

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080451

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** 9905 ST. AUGUSTINE ROAD, LLC

**Current Principal Place of Business:**

6890 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6890 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 20-1859416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STONEBURNER BERRY & SIMMONS, P.A.  
841 PRUDENTIAL DRIVE, SUITE 1400  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WARREN, SCOTT D  
Address: 6890 BELFORT OAKS PLACE  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT WARREN

MGR

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date