

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080451

**FILED**  
**Apr 18, 2008**  
**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:**

SIDNEY S. SIMMONS, II, ATTORNEY AT LAW  
1050 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 US

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: SIDNEY S. SIMMONS, II

04/18/2008

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 D. WARREN, MD

MGR

04/18/2008

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