

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080513

Entity Name: THE AUGUST GROUP, LLC

FILED
Jan 15, 2005
Secretary of State

Current Principal Place of Business:

11511 JONATHAN ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

11555 CENTRAL PARKWAY
101
JACKSONVILLE, FL 32224

Current Mailing Address:

11511 JONATHAN ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

11555 CENTRAL PARKWAY
101
JACKSONVILLE, FL 32224

FEI Number: 20-1872198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARING & BUSHNELL, P.A.
11555 CENTRAL PARKWAY
101
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

BUSHNELL & COMPANY, P.A.
11555 CENTRAL PARKWAY
101
JACKSONVILLE, FL 32224 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: ELLEN G BUSHNELL

01/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BUSHNELL, DAVID S
Address: 11511 JONATHAN ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: BUSHNELL, ELLEN G
Address: 11555 CENTRAL PARKWAY 101
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELLEN G BUSHNELL

MGRM

01/15/2005

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