


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90055 028 ****50.00

DOCUMENT # L04000084889

1. Entity Name
 6450 ST. AUGUSTINE, LLC



Principal Place of Business 2963 DUPONT AVENUE, SUITE 2 JACKSONVILLE, FL 32217	Mailing Address 2963 DUPONT AVENUE, SUITE 2 JACKSONVILLE, FL 32217
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DO NOT WRITE IN THIS SPACE



04112006 No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

SKINNER, A.C. III
 2963 DUPONT AVENUE, SUITE 2
 JACKSONVILLE, FL 32217

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKINNER, III, ARTHUR C 2963 DUPONT AVE, SUITE 2 JACKSONVILLE, FL 32217
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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: *Arthur C. Skinner III* 4/15/06 904-732-9440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #