

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000005616

1. Entity Name
ST. AUGUSTINE, RD., LLC



Principal Place of Business
45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202

Mailing Address
45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2208984

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUTHAL, LEONARD H III
45 W BAY ST
SUITE 203
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000860381
04/02/08-80060-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GRUTHAL, III, LEONARD H
STREET ADDRESS	45 W BAY ST., SUITE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	SCHUETH, JR, WILLIAM F
STREET ADDRESS	45 W BAY ST., SUITE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	ANGELO, MARC C
STREET ADDRESS	11363 SAN JOSE BLVD., BLDG 300
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGRM
NAME	SCHUETZ, JOHN R
STREET ADDRESS	118 W ADAMS ST., 6TH FLR
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Leonard H. Gruthal III 03/13/08 904-350-1060