


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2008 08:00 A
Secretary of State

DOCUMENT # L05000009047 1. Entity Name ST. AUGUSTINE PROPERTIES, LLC	
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Principal Place of Business 4475 HIGHWAY U.S. 1 SOUTH, SUITE 504 ST. AUGUSTINE, FL 32086	Mailing Address 4475 HIGHWAY U.S. 1 SOUTH, SUITE 504 ST. AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3795816	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

ROBINS, ELIZABETH
4475 HIGHWAY U.S. 1 SOUTH, SUITE 504
ST. AUGUSTINE, FL 32086

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBINS, ELIZABETH 4475 HIGHWAY U.S. 1 SOUTH, SUITE 504 ST. AUGUSTINE, FL 32086
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02/14/08-80035-005 138.75

**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: Elizabeth Robins Elizabeth Robins 2/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #