

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90150 033 \*\*\*138.75

**DOCUMENT # L05000035536**

1. Entity Name  
**ST. AUGUSTINE GLIDED TOURS LLC**



Principal Place of Business  
**11 MAGNOLIA AVE.  
ST. AUGUSTINE, FL ~~32048~~**

Mailing Address  
**~~11 MAGNOLIA AVE~~  
~~ST. AUGUSTINE, FL 32048~~**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**32084**

**32086**

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-2647588**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, CARY P  
11 MAGNOLIA AVE  
ST. AUGUSTINE, FL ~~32048~~ 32084**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
COLEMAN, CARY P  
11 MAGNOLIA AVE  
ST. AUGUSTINE, FL ~~32048~~ 32084** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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** *Cary Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4/1/08* *904-669-9806*  
Date Daytime Phone #