


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000036994</b> 1. Entity Name <b>AUGUST WORTHINGTON INTERNATIONAL LLC</b>	
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Principal Place of Business <b>257 18TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>257 18TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250</b>
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-2694182</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>BRENICK, RICHARD B 1331 N. 1ST STREET, SUITE 901 JACKSONVILLE BEACH, FL 32250</b>
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**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRENICK, SHIRIN D 1331 N. 1ST STREET, SUITE 901 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRENICK, RICHARD B 1331 N FIRST STREET SUITE 901 JACKSONVILLE BEACH, FL 32250
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000000737771  
01/30/08-80001-023 138.75

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:**

*Shirin D Brenick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1-22-08*  
Date

*904-247-4721*  
Daytime Phone #