## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000049192

Address:

City-St-Zip:

Entity Name: ST. AUGUSTINE BUILDERS, LLC

FILED May 15, 2006 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:	
	VOODS DRIVE USTINE, FL 32080	57 COMARES AVENUE ST. AUGUSTINE, FL 32080	
Current Mailing Address:		New Mailing Address:	
108 SEAWOODS DRIVE ST. AUGUSTINE, FL 32080		57 COMARES AVENUE ST. AUGUSTINE, FL 32080	
FEI Number: In accordan	: FEI Number Applied For() ace with s. 607.193(2)(b), F.S., the limited liability compa	El Number Not Applicable (X)  Certificate of Status Des	ired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agen	t:
COGHILL, THOMAS E JR. 108 SEAWOODS DRIVE ST. AUGUSTINE, FL 32080 US		SCANLON, PHILIP 57 COMARES AVE ST. AUGUSTINE, FL 32080 US	
	e named entity submits this statement for the purpe of Florida.	oose of changing its registered office or registered age	nt, or both,
SIGNATURE: PHILIP SCANLON		05/15/2006	
	Electronic Signature of Registered Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete THOMAS E. COGHILL ,, JR. LIVING TRU S T 108 SEAWOODS DRIVE ST. AUGUSTINE, FL 32080	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name:	( ) Delete	Title: MGR ( ) Change (X) Addition Name: SCANLON, PHILIP	

57 COMARES AVE

City-St-Zip: ST. AUGUSTINE, FL 32080

Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP SCANLON MGR 05/15/2006