2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084027

ANDRADE, AGUSTIN A

MIAMI, FL 33133

2121 SOUTH BAY SHORE DRIVE

Name:

Address:

City-St-Zip:

Entity Name: ST. AGUSTIN ASSET PROTECTION, LLC

FILED Jul 10, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|--------------------------------------|---|---|---|--|--|
| | OUTH BAY SHO FL 33133 | RE DRIVE | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | OUTH BAY SHO FL 33133 | RE DRIVE | | | |
| In accor | dance with s. 607. | FEI Number Applied For() 93(2)(b), F.S., the limited liability co Current Registered Agent: | mpany did not receive the prior notice. | Certificate of Status Desired () New Registered Agent: | |
| 2121 S | ADE, AGUSTIN / OUTH BAY SHO FL 33133 US | RE DRIVE | | | |
| | ove named entity state of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both | |
| SIGNA | TURE: | | | | |
| | Electro | onic Signature of Registered Ag | gent | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| Title: | MGR (|) Delete | Title: (|) Change () Addition | |

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AGUSTIN ANDRADE MGR 07/10/2008