

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103088

FILED
Feb 21, 2006
Secretary of State

Entity Name: AVISTA MANAGEMENT OF ST. AUGUSTINE, LLC

Current Principal Place of Business:

55 AVISTA CIRCLE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

55 AVISTA CIRCLE
ST. AUGUSTINE, FL 32080

New Mailing Address:

PO BOX 3405
ST. AUGUSTINE, FL 320853405

FEI Number: 20-3686926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, SEAN P ESQ.
C/O SCOTT & SHEPPARD, P.A.
99 ORANGE STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

BUSHELL, BRENDA A
55 AVISTA CIRCLE
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: BRENDA A BUSHELL

02/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BUSHELL, ANTHONY D
Address: PO BOX 3405
City-St-Zip: ST AUGUSTINE, FL 320853405

Title: MGRM () Change (X) Addition
Name: BUSHELL, BRENDA A
Address: PO BOX 3405
City-St-Zip: ST AUGUSTINE, FL 320853405

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: BRENDA A BUSHELL

MGRM

02/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date