


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90045 004 \*\*\*\*50.00

<b>DOCUMENT # L05000114694</b> 1. Entity Name CLIMATIZED DEVELOPMENT ST AUGUSTINE LLC	
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Principal Place of Business 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034	Mailing Address 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034
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**DO NOT WRITE IN THIS SPACE**



03092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3871275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DAVID F JR.  
1610 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, DAVID F JR. 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, DAVID F SR. 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAVERS, RICHARD 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  
Date **904-277-6727** Daytime Phone #