

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012952

Entity Name: ST. AUGUSTINE PARTNERS, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

590 WELLS ROAD
SUITE 2
ORANGE PARK, FL 32073

Current Mailing Address:

P.O. BOX 72160
NEWPORT, KY 410720160

New Principal Place of Business:

12724 GRAN BAY PARKWAY
SUITE 330
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-4211370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARLISLE, WAYNE
Address: P.O. BOX 72160
City-St-Zip: NEWPORT, KY 410720160

Title: MGR () Delete
Name: STRASSEL, GARY
Address: P.O. BOX 72160
City-St-Zip: NEWPORT, KY 410720160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY L STRASSEL

MGR

01/15/2009

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