
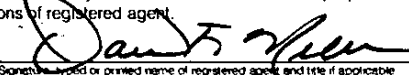
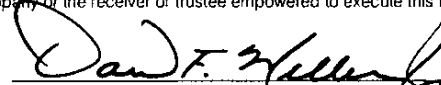


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90027 031 ****50.00

DOCUMENT # L06000021473 1. Entity Name ST. AUGUSTINE-U.S. 1 JOINT VENTURE, LLC			
Principal Place of Business 303 CENTRE STREET, SUITE 100 FERNANDINA BEACH, FL 32034		Mailing Address 303 CENTRE STREET, SUITE 100 FERNANDINA BEACH, FL 32034	
2. Principal Place of Business - No P.O. Box # 1610 South 8th ST Suite, Apt. #, etc.		3. Mailing Address 1610 South 8th ST Suite, Apt. #, etc.	
City & State FERNANDINA BEACH, FL Zip 32034		City & State FERNANDINA BEACH, FL 32034 Zip 32034	
Country NAASAU		Country NAASAU	
4. FEI Number 20-4687700		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, DAVID F JR. ESQ 303 CENTRE STREET, SUITE 100 FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name DAVID F. MILLER JR Street Address (P.O. Box Number is Not Acceptable) 1610 South 8th ST City FERNANDINA BEACH FL Zip Code 32034	
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		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 904-277-6727 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAVID F. MILLER JR			