2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# L06000053417

Entity Name: AUGUSTINE BLUFF ASSOCIATES, LLC

Current Principal Place of Business:

664 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

664 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-5184767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FENELON, CURT
664 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082 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: MGRM ( ) Delete
Name: SOUTHEASTERN INVESTM, ENT ASSOCIATES , INC.
Address: 664 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete
Name: IH HAX JAX II, LLC,
Address: 664 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: IH JAX II, LLC,
Address: 2970 PEACHTREE ROAD, SUITE 500
City-St-Zip: ATLANTA,, GA 30305

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: CURT FENELON MNG 05/15/2008

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