

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074989

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: ST. AUGUSTINE RESORT DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

920 THIRD AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

1201 HAYS STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

920 THIRD AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

1201 HAYS STREET  
TALLAHASSEE, FL 32301

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: WILSON, VIRGINIA M  
Address: 7 SYLVAN WAY  
City-St-Zip: PARSIPPANY, NJ 07054

Title: MGR (X) Delete  
Name: HOLMES, STEPHEN P  
Address: 7 SYLVAN WAY  
City-St-Zip: PARSIPPANY, NJ 07054

**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: VIRGINIA M WILSON

MGR

04/23/2008

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