

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000094186

1. Entity Name

THE FLORIDIAN AT ST. AUGUSTINE, LLC



Principal Place of Business

8833 PERIMETER PARK BLVD., SUITE 1104  
JACKSONVILLE, FL 32216

Mailing Address

8833 PERIMETER PARK BLVD., SUITE 1104  
JACKSONVILLE, FL 32216



03142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-5696697

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ATKERSON, CHARLES F JR.  
8833 PERIMETER PARK BLVD., SUITE 1104  
JACKSONVILLE, FL 32216

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000911502  
05/07/08-80042-025 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	C
NAME	C. ATKERSON, INC.
STREET ADDRESS	8833 PERIMETER PARK BLVD 7104
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Charles F. Atkinson, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/08

Date

904-564-2252

Daytime Phone #