

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90067 033 \*\*\*138.75

**DOCUMENT # L06000101477**

1. Entity Name

ST. AUGUSTINE DEVELOPERS, LLC



Principal Place of Business

433 SOUTH MAIN STREET SUITE 310  
C/O DEVELOPERS REALTY CORPORATION  
WEST HARTFORD, CT 06110

Mailing Address

433 SOUTH MAIN STREET SUITE 310  
C/O DEVELOPERS REALTY CORPORATION  
WEST HARTFORD, CT 06110

**60009618**



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-5753013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
EISENBAUM, WAYNE  
433 SOUTH MAIN STREET SUITE 310  
WEST HARTFORD, CT 06110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
EISENBAUM, ALAN  
433 SOUTH MAIN STREET SUITE 310  
WEST HARTFORD, CT 06110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HELENE, ALAN  
433 SOUTH MAIN STREET SUITE 310  
WEST HARTFORD, CT 06110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

Date

Daytime Phone #