2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

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

02-21-2008 90067 033 ***138.75

60009618



01102008 No Chg-LLC

CR2E083 (12/07)

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

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the obligat	named entity submits this statement for the purpose of changlions of registered agent.	ging its registere	ed office or registered	agent, or both, in the Sta	ate of Florida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registere	d Agent signature required wh	nen reinstating)	DATE	
After May	E NOW!!! .FEE IS \$138.75 y 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME	MGR EISENBAUM, WAYNE		,	• •		* .
STREET ADDRESS	433 SOUTH MAIN STREET SUITE 310		,			
CITY-ST-ZIP	WEST HARTFORD, CT 06110					
TITLE	MGR		.		•	
NAME	EISENBAUM, ALAN			٠.		
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CITY-ST-ZIP	WEST HARTFORD, CT 06110		` , ,		1	
TITLE	MGR			,	ě	
NAME OVERT LEGERAL	HELENE, ALAN					
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11. I hereby certify that the information supplied with this filling 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 eath; 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:

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

1-3/-0

Daytime Phone #