

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Mar 17, 2008 8:00 am  
Secretary of State**

03-17-2008 90266 010 \*\*\*138.75

DOCUMENT # L07000088798

1. Entity Name  
ST. AUGUSTINE FRONT WHEEL DR., LLC



Principal Place of Business  
50 S. DIXIE #6  
ST. AUGUSTINE, FL 32084 US

Mailing Address  
50 S. DIXIE #6  
ST. AUGUSTINE, FL 32084 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

MELLOR, CHARLES  
50 S. DIXIE #6  
ST. AUGUSTINE, FL 32084

01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0883036 Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  Delete  
NAME FARRIS, JAY  
STREET ADDRESS 50 S. DIXIE #6  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  Delete  
NAME MELLOR, CHARLES  
STREET ADDRESS 50 S. DIXIE #6  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X Jay Farris**

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

Date

Daytime Phone #

X 3-13-08