

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102849

Entity Name: NG ST. AUGUSTINE, LLC

FILED
Feb 28, 2008
Secretary of State

Current Principal Place of Business:

870 RED FOX TRAIL
C/O RAPHAEL NG
ST. AUGUSTINE, FL 32086

Current Mailing Address:

870 RED FOX TRAIL
C/O RAPHAEL NG
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

870 RED FOX TRAIL
C/O RAPHAEL NG
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

870 RED FOX TRAIL
C/O RAPHAEL NG
ST. AUGUSTINE, FL 32086 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AKEL, EDWARD C
ONE INDEPENDENT DRIVE SUITE 2301
JACKSONVILLE, FL 32202 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: NG, RAPHAEL MD
Address: 870 RED FOX TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: NG, ANA MARIA
Address: 870 RED FOX TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NG, RAPHAEL MD
Address: 870 RED FOX TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: MGR (X) Change () Addition
Name: NG, ANA MARIA
Address: 870 RED FOX TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086 US

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: RAPHAEL NG, MD

MGR

02/28/2008

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