

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000068913

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** ST. AUGUSTINE VENTURES, LLC

**Current Principal Place of Business:**

52 TUSCAN WAY, SUITE 202  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

52 TUSCAN WAY, SUITE 202  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

1800 N HWY US 1  
ORMOND BEACH, FL 32174

**FEI Number:** 45-2529788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEABREEZE CORPORATE SERVICES, LLC  
444 SEABREEZE BLVD., SUITE 900  
DAYTONA BEACH, FL 32118 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  
**Name:** HENDRIX, WILLIAM S  
**Address:** 52 TUSCAN WAY, SUITE 202  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

**Title:** MGR  
**Name:** ATANASOSKI, JOSIF  
**Address:** 1800 N HWY US 1  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** MGR  
**Name:** HENDERSON, DAVID  
**Address:** 52 TUSCAN WAY, SUITE 202  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

I hereby 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:** JOSIF ATANASOSKI

MGR

03/07/2012

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