

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006295

FILED
May 07, 2007
Secretary of State

Entity Name: 9766 OLD ST. AUGUSTINE ROAD, LLC

Current Principal Place of Business:

510 S. THIRD ST.
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

2315 BEACH BLVD.
203
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

2315 BEACH BOULEVARD
SUITE 203
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-3604033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, HOWARD J
ONE SAN JOSE PLACE, STE. #31
JACKSONVILLE, FL 32257 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: MGRM () Delete
Name: WOODBURN, HANK
Address: 2315 BEACH BOULEVARD SUITE 203
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM () Delete
Name: DICKINSON, FRANKLIN
Address: 60 A NORTH ROSCOE BLVD.
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANKLIN DICKINSON

MGR

05/07/2007

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