

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90275 022 ****50.00

DOCUMENT # M03000003882

1. Entity Name
AUGUSTINE ON THE PARK, LLC



Principal Place of Business
**4390 POWERS FERRY ROAD
ATLANTA, GA 30327**

Mailing Address
**4390 POWERS FERRY ROAD
ATLANTA, GA 30327**

24038179



2. Principal Place of Business

8 Georgetown Ave

3. Mailing Address

P.O. Box 611575

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

03182004 Chg-LLC CR2E083 (10/03)

City & State

Rosemary Beach FL

City & State

Rosemary Beach FL

Zip

32461

Country

USA

Zip

32461

Country

USA

4. FEI Number

20-0341442

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**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MOSAIC CAPITAL PARTNERS II, LLC**
STREET ADDRESS **4390 POWERS FERRY ROAD**
CITY-ST-ZIP **ATLANTA, GA 30327**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **8A Georgetown Ave**
STREET ADDRESS **Rosemary Beach FL**
CITY-ST-ZIP **32461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
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 exemption stated in Section 119.07(3)(i), 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:

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

BRAD ZEITLIN

Date

5/22/04

Daytime Phone #

850-231-3995