

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90064 042 ****50.00

DOCUMENT # M03000003882

1. Entity Name
AUGUSTINE ON THE PARK, LLC



Principal Place of Business
**8 GEORGETOWN AVE STE A
ROSEMARY BEACH, FL 32461**

Mailing Address
**PO BOX 611575
ROSEMARY BEACH, FL 32461**

2.
**82 S. Barrett Square, Suite 2A
Rosemary Beach, FL 32461**

3.
**PO Box 611296
Rosemary Beach, FL 32461**



01312006 Chg-LLC CR2E083 (11/05)

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

**ZEITLIN, BRAD
8 GEORGETOWN AVE, STE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461**

7. Name and Address of New Registered Agent

Name
Street
**82 S. Barrett Square, Suite 2A
Rosemary Beach, FL 32461**
City 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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MOSAIC CAPITAL PARTNERS II, LLC**
STREET ADDRESS **8 GEORGETOWN AVE STE A**
CITY-ST-ZIP **ROSEMARY BEACH, FL 32461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **Manager**
STREET ADDRESS **New Orchard Group, LLC**
CITY-ST-ZIP **82 South Barrett Square, Suite 2A
Rosemary Beach, FL 32461**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 its 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

3/30/06

Date

850.231.0850

Daytime Phone #