

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000005648**

1. Entity Name  
**BAM ST. AUGUSTINE, LLC**



Principal Place of Business  
**455 SOUTH LEGENCY TRAIL, UNIT E-106  
C/O MBC-ST. AUGUSTINE LLC  
ST. AUGUSTINE, FL 32092**

Mailing Address  
**455 SOUTH LEGENCY TRAIL, UNIT E-106  
C/O MBC-ST. AUGUSTINE LLC  
ST. AUGUSTINE, FL 32092**



08272007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3497904**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HASKELL, MACDONALD T  
455 SOUTH LEGENCY TRAIL, UNIT E-106  
ST. AUGUSTINE, FL 32092**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BROWN, ROBERT W  
455 SOUTH LEGENCY TRAIL, UNIT E-106  
ST. AUGUSTINE, FL 32092**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1100000773157  
08/31/07-80003-004 50.00

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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

8/21/07 (904) 940-3673