

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005648

Entity Name: BAM ST. AUGUSTINE, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3497904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: HASKELL, MACDONALD T
Address: 455 SOUTH LEGENCY TRAIL, UNIT E-106
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: BROWN, ROBERT W
Address: 455 SOUTH LEGENCY TRAIL, UNIT E-106
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MURRAY, ANDREW
Address: 455 SOUTH LEGENCY TRAIL, UNIT E-106
City-St-Zip: ST. AUGUSTINE, FL 32092

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: MACDONALD HASKELL MGRM 04/30/2008

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