


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000001943
 1. Entity Name
ST. JOSEPH'S, LLC



Principal Place of Business
**2375 TAMiami TRAIL NORTH
 SUITE 208C
 NAPLES, FL 34103**

Mailing Address
**C/O CRIFASI REAL ESTATE, INC
 2375 TAMiami TRAIL W SUITE 208C
 NAPLES, FL 34103**



01272006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3739179 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
 Fee Required

6. Name and Address of Current Registered Agent
**LEWIS, DOUGLAS A ESQ.
 ROETZEL & ANDRESS
 850 PARK SHORE DR., THIRD FLOOR
 NAPLES, FL 34103**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2006**

180000050573
 04/26/06-80119-026 55.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRIFASI, JACK 2375 TAMiami TRAIL W SUITE 208C NAPLES, FL 34103
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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: *St. Joseph's LLC*
[Signature] **3/14/06** **239-5967-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #