


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90265 043 \*\*\*143.75

|                                     |                                                                                   |
|-------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L00000001943             |  |
| 1. Entity Name<br>ST. JOSEPH'S, LLC |                                                                                   |

|                                                                                           |                                                                                                     |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>2375 TAMiami TRAIL NORTH<br>SUITE 208C<br>NAPLES, FL 34103 | Mailing Address<br>C/O CRIFASI REALSTATE, INC<br>2375 TAMiami TRLR W SUITE 208C<br>NAPLES, FL 34103 |
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|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>59-3739179 | Applied For<br>Not Applicable |
|--------------|--------------|-----------------------------|-------------------------------|

|     |         |     |         |                                                                                                     |
|-----|---------|-----|---------|-----------------------------------------------------------------------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
|-----|---------|-----|---------|-----------------------------------------------------------------------------------------------------|

|                                                                                                                                                      |                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>LEWIS, DOUGLAS A ESQ.<br>ROETZEL & ANDRESS<br>850 PARK SHORE DR., THIRD FLOOR<br>NAPLES, FL 34103 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 reinstating)

|                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                     | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CRIFASI, JACK<br>2375 TAMiami TRAIL NO. SUITE 208-C<br>NAPLES, FL 34103 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CRIFASI, JACK<br>2375 TAMiami TRL N SUTE 208C<br>NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date *3/31/08* Daytime Phone # *394-9000*

