2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072740

Address:

City-St-Zip:

Entity Name: NEWCASTLE ST. JOHNS, LLC

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5658 NORTH OCEANSHORE BLVD. PALM COAST, FL 32137 **Current Mailing Address: New Mailing Address:** 5658 NORTH OCEANSHORE BLVD. PALM COAST, FL 32137 FEI Number: 20-5268074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEITH, DEBORAH A 106 DORY ROAD ST. AUGUSTINE, FL 32086 US 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: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition NEWCASTLE MARINE OF, FLAGLER COUNTY, INC. KEITH, KEVIN Name: Name: 5658 NORTH OCEAN BOULEVARD Address: 5658 NORTH OCEAN BOULEVARD Address: City-St-Zip: PALM COAST,, FL 32137 US City-St-Zip: PALM COAST,, FL 32137 US Title: MGRM () Delete Title: MGRM (X) Change () Addition KEITH MARINE, INC., Name: KEITH MARINE, INC., Name: Address: 102 PORT ROAD Address: 195 COMFORT ROAD City-St-Zip: PALATKA,, FL 32177 US City-St-Zip: PALATKA,, FL 32177 US Title: MGRM () Delete Title: () Change () Addition KEITH, GRACE Name: Name: 809 KALLI CREEK LANE Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32080 US City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition NEWCASTLE MARINE OF, FLAGLER COUNTY, INC. Name: Name: 5658 NORTH OCEANSHORE BLVD Address: Address: City-St-Zip: City-St-Zip: PALM COAST, FL 32137 Title: () Delete Title: MGRM () Change (X) Addition KEITH, RICHARD Name: Name: 809 KALLI CREEK LANE

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.

Address:

City-St-Zip:

ST. AUGUSTINE, FL 32080

SIGNATURE: KEVIN KEITH 03/28/2008