

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092274

Entity Name: BLUE HERON ST. JOHNS, L.L.C.

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

7880 GATE PARKWAY STE 300  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

7880 GATE PARKWAY  
300  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

PO BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

7880 GATE PARKWAY  
300  
JACKSONVILLE, FL 32256

FEI Number: 68-0658663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANSBACHER & SCHNEIDER PA  
5150 BELFORD RD BUILDING 100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

ASHOURIAN, MIKE P  
7880 GATE PKWY  
300  
JACKSONVILLE, FL 32256 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: MIKE ASHOURIAN

04/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: ASHOURIAN, MIKE  
Address: 7880 GATE PKWY, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32256

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: MIKE ASHOURIAN

P

04/23/2008

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