2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000027788

Entity Name: ST. JOHNS PROPERTY COMPANY, LLC

Current Principal Place of Business:

1115 MARBELLA PLAZA DRIVE
TAMPA, FL 33619

New Principal Place of Business:

1240MARBELLA PLAZA DRIVE
TAMPA, FL 33619

Current Mailing Address:

1115 MARBELLA PLAZA DRIVE
TAMPA, FL 33619

New Mailing Address:

1240 MARBELLA PLAZA DRIVE
TAMPA, FL 33619

FEI Number: 20-5886133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

REBCCA G. THORN
1240 MARBELLA PLAZA DRIVE
TAMPA, FL 33619 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: REBECCA G. THORN 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: EAST WEST FLORIDA HE, ALTHCARE, LLC
Address: 1115 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: EAST WEST FLORIDA HE, ALTHCARE, LLC
Address: 1240 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619

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: REBECCA G. THORN MGR 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date