


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000013605</b> 1. Entity Name <b>ST. JOHN LLC</b>	
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Principal Place of Business <b>1499 VICTORIA ISLE DRIVE WESTON, FL 33327</b>	Mailing Address <b>1499 VICTORIA ISLE DRIVE WESTON, FL 33327</b>
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**DO NOT WRITE IN THIS SPACE**



03232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CUEVAS &amp; ORTIZ, P.A. 536 BILTMORE WAY CORAL GABLES, FL 33134</b>
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA PIMENTEL, JUAN 1499 VICTORIA ISLE DRIVE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA DE MARQUIS, ISABEL C 1499 VICTORIA ISLE DRIVE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA DE VALDIVIES, MARIA E 1499 VICTORIA ISLE DRIVE WESTON, FL 33327
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05/14/07-80067-016 55.00

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 606, Florida Statutes.

SIGNATURE: Isabel C. Mendoza 03-23 -07 (94)801-5668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #