2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000001678

1. Entity Name
ST. JOHNS FIVE, LLC

Principal Place of Business	Mailing Address
2806 W US 90 SUITE 101 LAKE CITY, FL 32055	2806 W US 90 SUITE 101 LAKE CITY, FL 32055

FILED
Feb 23, 2004 08:00 AM
Secretary of State

02182004No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3627196	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAPPS, DANIEL
2806 W US 90 SUITE 101
LAKE CITY, FL 32055

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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000064070
02/23/04-80188-015 25.00

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	CRAPPS, DANIEL		
STREET ADDRESS	2806 W US 90 SUITE 101		
CITY-ST-ZIP	LAKE CITY, FL 32055		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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02/23/04-80188-016 25.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Daniel Crapps_   2/18/04   386-755-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #