

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000001678

1. Entity Name
ST. JOHNS FIVE, LLC



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

Mailing Address
2806 W US 90
SUITE 101
LAKE CITY, FL 32055



01292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3627196

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

UN00000211246
02/02/05-80114-001 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CRAPPS, DANIEL 2806 W US 90 SUITE 101 LAKE CITY, FL 32055 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DANIEL CRAPPS 1/31/2005 386-755-5710