2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001678

1. Entity Name ST. JOHNS FIVE, LLC



FILED Feb 02, 2005 08:00 AM Secretary of State

Principal Place of Business

2806 W US 90 SUITE 101 LAKE CITY, FL 32055

CRAPPS, DANIEL

SIGNATURE

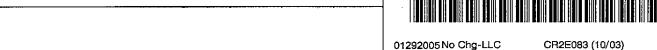
TITLE

TITI F NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Mailing Address 2806 W US 90

SUITE 101

LAKE CITY, FL 32055



DO NOT WRITE IN THIS SPACE

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

U00000211246

02/02/05-80114-091-50.00

800 W 02 90 2011 E 101		
AKE CITY, FL 32055	. —	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, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

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

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

6. Name and Address of Current Registered Agent

NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.