


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90041 045 \*\*\*138.75

<b>DOCUMENT # L00000001678</b>	
1. Entity Name ST. JOHNS FIVE, LLC	

Principal Place of Business 164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055	Mailing Address PO BOX 3659 LAKE CITY, FL 32056
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2. Principal Place of Business - No P.O. Box # 2806 W US 90	3. Mailing Address
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc.
City & State LAKE CITY FL	City & State
Zip 32055	Country USA

60039306



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3627196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  CRAPPS, DANIEL 164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055	
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 2806 W US 90 SUITE 101 City LAKE CITY FL Zip Code 32055	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M CRAPPS, DANIEL PO BOX 3659 LAKE CITY, FL 32056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **DANIEL CRAPPS, MANAGER 4/30/08** 386 755-5710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #