

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90042 046 \*\*\*\*\*50.00

0045386

**DOCUMENT # L00000001678**

1. Entity Name

**ST. JOHNS FIVE, LLC**



Principal Place of Business

~~4400 WEST U.S. HIGHWAY 90~~  
LAKE CITY FL 32055

Mailing Address

~~4400 WEST U.S. HIGHWAY 90~~  
LAKE CITY FL 32055

2. Principal Place of Business

**2806 W US90**

Suite, Apt. #, etc.

**SUITE 101**

City & State

**LAKE CITY FL**

3. Mailing Address

**2806 W US90**

Suite, Apt. #, etc.

**SUITE 101**

City & State

**LAKE CITY FL**

Zip

**32055**

Country

**USA**

Zip

**32055**

Country

**USA**

4. FEI Number

**59-3627196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CRAPPS, DANIEL**

~~4400 WEST US HIGHWAY 90~~ **2806 W US90 SUITE 101**  
**LAKE CITY FL 32055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **CRAPPS, DANIEL**  
STREET ADDRESS ~~4400 U.S. HIGHWAY 90~~ **2806 W US90 Suite 101**  
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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.

**SIGNATURE:**

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

Date

Daytime Phone #

CR2E083 (10/02)