

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015609

1. Entity Name
ST. JAMES PROPERTIES, LLC



Principal Place of Business
**38 S HALIFAX DR
ORMOND BEACH, FL 32176**

Mailing Address
**38 S HALIFAX DR
ORMOND BEACH, FL 32176**



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3706230

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

**GILLESPIE, MARK C
1075 MASON AVENUE
DAYTONA BEACH, FL 32117**

**DO NOT WRITE
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, 2004**

B. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ST. JAMES EPISCOPAL SCHOOL, INC.
STREET ADDRESS	38 S HALIFAX DR
CITY- ST- ZIP	ORMOND BEACH, FL 32176

TITLE	
NAME	
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CITY- ST- ZIP	

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CITY- ST- ZIP	

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06/17/04-80001-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

4/12/04
Date

Daytime Phone # _____