


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90073 018 ****50.00

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		
2. Principal Place of Business 1075 Mason Avenue Suite, Apt. #, etc.		3. Mailing Address 1075 Mason Avenue Suite, Apt. #, etc.			
City & State Daytona Beach, FL		City & State Daytona Beach, FL		4. FEI Number 59-3706230	
Zip 32117 Country USA		Zip 32117 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GILLESPIE, MARK C 1075 MASON AVENUE DAYTONA BEACH, FL 32117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ST. JAMES EPISCOPAL SCHOOL, INC. 38 S HALIFAX DR ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLESPIE, M.D., MARK 1075 MASON AVENUE DAYTONA BEACH FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLESPIE, M.D., ALBERT 1075 MASON AVENUE DAYTONA BEACH, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLESPIE, JR., M.D., THURMAN 1075 MASON AVENUE DAYTONA BEACH, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLESPIE, JR., M.D., THURMAN 1075 MASON AVENUE DAYTONA BEACH, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLESPIE, JR., M.D., THURMAN 1075 MASON AVENUE DAYTONA BEACH, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLESPIE, JR., M.D., THURMAN 1075 MASON AVENUE DAYTONA BEACH, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: _____ <i>(Signature)</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					