

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002892

FILED
Apr 26, 2004
Secretary of State

Entity Name: ST. JAMES PLACE SOUTH, LLC

Current Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322249667

New Principal Place of Business:

Current Mailing Address:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322249667

New Mailing Address:

FEI Number: 59-3701449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, E CHESTER JR
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: STOKES, E CHESTER JR
Address: 4315 PABLO OAKS COURT STE 1
City-St-Zip: JACKSONVILLE, FL 322249667

Title: MGR () Delete
Name: BERGMANN, THOMAS C
Address: 4315 PABLO OAKS COURT STE 1
City-St-Zip: JACKSONVILLE, FL 322249667

Title: MGR () Delete
Name: BRAREN, MICHAEL E
Address: 4315 PABLO OAKS COURT STE 1
City-St-Zip: JACKSONVILLE, FL 322249667

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: E CHESTER STOKES JR

MGRM

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date