

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003849

Entity Name: ST. JOHNS BLUFF GOLF, L.L.C.

FILED
Mar 29, 2005
Secretary of State

Current Principal Place of Business:

2205 ST. JOHNS BLUFF ROAD
C/O FRED AKEL
JACKSONVILLE, FL 32225

Current Mailing Address:

2205 ST. JOHNS BLUFF ROAD
C/O FRED AKEL
JACKSONVILLE, FL 32225

New Principal Place of Business:

2205 ST. JOHNS BLUFF ROAD
C/O FRED AKEL
JACKSONVILLE, FL 32246

New Mailing Address:

PO BOX 51441
C/O FRED AKEL
JACKSONVILLE BCH., FL 32240

FEI Number: 59-3713287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, FRED A
2205 ST. JOHNS BLUFF RD.
JACKSONVILLE, FL 32246 US

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: MGR () Delete
Name: AKEL, FRED A
Address: 2205 ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: AKEL, ALICE S MGRM
Address: 2205 ST. JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE,, FL 32246 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AKEL, FRED A
Address: 2205 ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32246 US

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: ALICE S. AKEL

MGRM

03/29/2005

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