2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# L01000003849

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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/MANAGERS:

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

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

ADDITIONS/CHANGES:

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 Chapter 119, 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 03/28/2007

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