

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

APPROVED  
AND  
FILED

DOCUMENT # L01000013605

1. Entity Name  
ST. JOHN LLC



MAY -6 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2665 S. BAYSHORE DR., STE. 703  
MIAMI, FL 33133

Mailing Address  
2665 S. BAYSHORE DR., STE. 703  
MIAMI, FL 33133



04282004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WORLD CORPORATE SERVICES, INC.  
2665 S. BAYSHORE DR., STE. 703  
MIAMI, FL 33133

**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**

200036521932  
05/17/04--01074--002 \*\*400.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME MENDOZA PIMENTEL, JUAN  
STREET ADDRESS 2665 S. BAYSHORE DR., STE. 703  
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGR  
NAME MENDOZA DE MARQUIS, ISABEL C  
STREET ADDRESS 2665 S. BAYSHORE DR., STE. 703  
CITY-ST-ZIP MIAMI, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**\$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)(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.

Timothy D. Richards

SIGNATURE

4/28/04 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #