


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90047 004 \*\*\*\*50.00

<b>DOCUMENT # L02000002326</b>		
1. Entity Name ST. JOHNS HOMESTEAD PROPERTY, LLC		

Principal Place of Business 3500 RED CLOUD TRAIL ST. AUGUSTINE, FL 32086	Mailing Address 3500 RED CLOUD TRAIL ST. AUGUSTINE, FL 32086
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**20040397**



2. Principal Place of Business		3. Mailing Address 2744 US 1 South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St Augustine, FL	
Zip	Country	Zip 32086	Country USA

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 80-0032602	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  STEVENS, JOHN 3500 RED CLOUD TRAIL ST. AUGUSTINE, FL 32086	
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7. Name and Address of New Registered Agent Name Stevens, John Street Address (P.O. Box Number is Not Acceptable) 200 Ironwood Drive Unit 237 City Ponte Vedra Beach FL Zip Code 32082	
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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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEVENS, CHARLES <del>2944 US 2 SOUTH</del> 2744 US 1 South SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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:**

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

Date

Daytime Phone #

4/20/05