

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000005499
 1. Entity Name
 ST. JOHNS FINANCIAL PLANNING, PL



Principal Place of Business 2744 US 1 SOUTH ST. AUGUSTINE, FL 32086 US	Mailing Address 2744 US 1 SOUTH ST. AUGUSTINE, FL 32086 US
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01252005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0024277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 STEVENS, CHARLES THOMAS
 2744 US 1 SOUTH
 ST. AUGUSTINE, FL 32086

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEVENS, CHARLES T 2744 US 1 S SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMS, TED 9180 GULFSIDE DR N JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/29/05-80054-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   1/25/05 904-797-9520
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #