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Jun 22, 2006 8:00 am
Secretary of State
05-01-2006 90072 046 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000005499

1. Entity Name
ST. JOHNS FINANCIAL PLANNING, PL

30010917

04102006 Cng-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
2744 US 1 SOUTH ST. AUGUSTINE, FL 32086 US	2744 US 1 SOUTH ST. AUGUSTINE, FL 32086 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 80-0024277 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVENS, CHARLES THOMAS 2744 US 1 SOUTH ST. AUGUSTINE, FL 32086	Name: John Stevens [signature] 5/30/06 Street Address (P.O. Box Number is Not Acceptable): 200 Iron Wood Drive Unit 237 City: Ponte Vedra Beach FL Zip Code: 32082

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] 5/30/06
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, 2006

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 T 2744 US 1 S SAINT AUGUSTINE, FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[redacted] ☐ Change ☒ Addition [initials] 6/19/06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, TED 9180 GULFSIDE DR N JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 4/25/06 921-7979570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #