


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000016787 1. Entity Name ST. JOHN'S EQUIPMENT CO., LLC	
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Principal Place of Business 7320 STATE ROAD 13 NORTH ST. AUGUSTINE, FL 32092	Mailing Address PMB-264 445 STATE ROAD 13 NORTH, UNIT 26 JACKSONVILLE, FL 32259-3838
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01192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3695452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GSTOHL, KENNETH E 7320 STATE ROAD 13 NORTH SAINT AUGUSTINE, FL 32092
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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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GSTOHL, KENNETH E 7320 STATE ROAD 13 NORTH ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, LAURANCE H 7320 STATE ROAD 13 NORTH ST. AUGUSTINE, FL 32092
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<p>U000000013854 01/26/04-80070-017 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(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: Kenneth E. Gstohl KENNETH E. GSTOHL 1/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(904) 284-7264