## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT						050				
DOCUMENT # L02000020306						13.50 CB,				
1. Entity Name ST. JAMES ISLAND REALTY COMPANY, LLC						1450 6	, `\	)		
ST. JAMES ISLAND REALTY COMPANY, LLC						TASECAL AND ASSECTION	9:00			
Principal Place of Business Mailing Address					``^\^\	A . "				
1909 CAPITAL CIRCLE NE		1909 CAPITAL CIRCLE			'9	9/5				
TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308			308				<b>A</b>		,	
I a Martin Addition			$\sim$		1-					
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	$\mathcal{A}$		4_	,.	LI  I   E   11 EJ	ikii <b>ee</b> it <b>o e</b> i		
55.0(7) (20.0)		33.00,7 (3.00)		<u> </u>		02102005 Chg-LLC	CR2E083	(10/03)		
City & State		City & State				20-1256476		No	plied For at Applicable	
Zip	Country	Zip	Coun	try		5. Certificate of Status Desired		5.00 Add e Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
POPE, BERT S					Name					
1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Cod	<del>-</del>	
# The above	named entity submits this statement fo	r the purpose of changing its	renisters	od office	or register	red agent or both in the State of Flori		uitiar with	and accept	
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. Jam familiar with, and accept the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title it 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										
D	ue by May 1, 2005					rionda	Deparmen	or State		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES			
TITLE NAME	MGRM POPE, BERT S	☐ Delete	TITLE		1			Change	Addition	
STREET ADDRESS	1909 CAPITAL CIRCLE NE		1	: et adores:	s					
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11. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exer	notion s	tated in Se	ection 119.07(3)(i), Florida Statutes. I fi	urther certify	that the in	formation	
11. I hereby centify 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 trapped super or truetee empawered to execute this report as required by Chapter 608, Florida Statutes.										
/ / //// // // × /										
SIGNATURE: 2-/5-05 850-T27-6150										
J. 4117(1	CONATINE AND TYPED OF PRINTED HAVE OF	SIGNAG MANAGING MEMBER MAI	NACED OF	AUTHORIZ	ED DEDRESS			na Phone a		

WALTER H. WOLFE, JR.