

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004211

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ST. JOHN'S COMMON ROAD/SUEZ, LLC

**Current Principal Place of Business:**

13850 STIRLING ROAD  
SOUTHWEST RANCHES, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

13850 STIRLING ROAD  
SOUTHWEST RANCHES, FL 33330

**New Mailing Address:**

FEI Number: 37-1458238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUCAS, ROBERT F  
13850 STIRLING ROAD  
SOUTHWEST RANCHES, FL 33330 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PD ( ) Delete  
Name: LUCAS, FRANCIS W  
Address: 13850 STIRLING RD  
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: VPD ( ) Delete  
Name: LUCAS, ROBERT  
Address: 13850 STIRLING RD  
City-St-Zip: SOUTHWEST RANCHES, FL 33330

**ADDITIONS/CHANGES:**

Title: PD (X) Change ( ) Addition  
Name: LUCAS, ROBERT F  
Address: 13850 STIRLING RD  
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: VPD (X) Change ( ) Addition  
Name: LUCAS, FRANCIS  
Address: 13850 STIRLING RD  
City-St-Zip: SOUTHWEST RANCHES, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT F LUCAS

PD

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date