FILED
Jun 18, 2004 8:00 am
Secretary of State
04-28-2004 90072 026 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019683

1. Entity Name
ST. JAMES BAY PROPERTIES, LLC

34008780

Principal Place of Business	Mailing Address
3305 CAPITAL CIRCLE NORTHEAST TALLAHASSEE, FL 32308	PO BOX 12279 TALLAHASSEE, FL 32317

The new

04232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	3053 Sawgrass Circle, 32309
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tall	City & State Tall, Fl 32309
Zip / Country	Zip / Country

4. FEI Number 57 1163971 — 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
BATEMAN, FREDERICK L JR 300 EAST PARK AVENUE TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) 300 E. Park Avenue ~~Tall, Fl.~~ City Tallahassee FL Zip Code 32301

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2004 — **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME ~~James W. Weaver~~ / STREET ADDRESS ~~3053 Sawgrass Circle~~ / CITY-ST-ZIP ~~Tall, Fl 32309~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Managing partner / NAME James W. Weaver / STREET ADDRESS 3053 Sawgrass Circle / CITY-ST-ZIP Tall, Fl 32309 ☐ 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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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: Susan Roberts 4/26/04 8505282430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #