

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033235

**FILED**  
**Feb 12, 2007**  
**Secretary of State**

**Entity Name:** JOHNS LAKE POINTE, LLC

**Current Principal Place of Business:**

840 EDGEWOOD AVE. SOUTH, SUITE 220  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

840 EDGEWOOD AVE. SOUTH  
SUITE 220  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1650-302 MARGARET STREET, PMB 382  
JACKSONVILLE, FL 322043869

**New Mailing Address:**

**FEI Number:** 59-3566719      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FRAZIER, CLARENCE F  
840 EDGEWOOD AVE. SOUTH, SUITE 220  
JACKSONVILLE, FL 32205 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:** MGRM ( ) Delete  
**Name:** RETUS GROUP, INC.,  
**Address:** 1548 LANCASTER TERRACE  
**City-St-Zip:** JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** RETUS GROUP, INC.,  
**Address:** 840 EDGEWOOD AVE SOUTH, SUITE 220  
**City-St-Zip:** JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the 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:** MAX SUTER

MGRM

02/12/2007

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