


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

05-07-2004 90001 005 ****50.00

DOCUMENT # L03000045508
 1. Entity Name
ST. JOHN REALTY HOLDINGS, LLC



Principal Place of Business: **250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK FL 32789**
 Mailing Address: **250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK FL 32789**

34007739



2. Principal Place of Business: **486 DEVON PLACE**
 Suite, Apt. #, etc.
 3. Mailing Address: **486 DEVON PLACE**
 Suite, Apt. #, etc.

MOORE CR2E083 (11/03)

City & State: **HEATHROW, FL.**
 Zip: **32746** Country: **USA**
 City & State: **HEATHROW, FL.**
 Zip: **32746** Country: **USA**

4. FEI Number: **026366901**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
WHITE, W. GRAHAM
250 PARK AVE. SOUTH, 5TH FLOOR
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: Member NAME: Peter Coleman STREET ADDRESS: 486 Devon Place CITY-ST-ZIP: Heathrow, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Peter Coleman** MANAGING MEMBER **Peter K. Coleman** 5/1/04 407 324-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Peter Coleman 5/25/04