
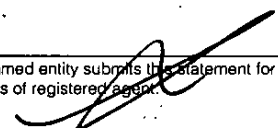
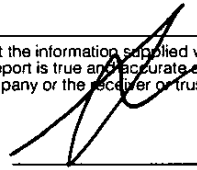


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90308 042 \*\*\*\*50.00

<b>DOCUMENT # L04000016285</b> 1. Entity Name <b>ST. MARK'S POND, LLC</b>			
Principal Place of Business <b>1548 THE GREENS WAY, STE 4 JACKSONVILLE BEACH, FL 32250</b>		Mailing Address <b>1548 THE GREENS WAY, STE 4 JACKSONVILLE BEACH, FL 32250</b>	
2. Principal Place of Business - Mailing Address <b>1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250</b>		3. Mailing Address <b>1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250</b>	
4. FEI Number <b>20-0802176</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FLETCHER, PAUL Z 1548 THE GREENS WAY, STE 4 JACKSONVILLE BEACH, FL 32250</b>		7. Name and Address of New Registered Agent Name Street <b>Edward R. McCue, Jr.</b> City <b>1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250</b> 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 <b>4-19-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10.</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FLETCHER, PAUL Z 1548 THE GREENS WAY #4 JACKSONVILLE BEACH, FL 32250</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR The Devlin Group, Inc. 1548 The Greens Way, Ste. 3 Jacksonville Beach, FL 32250</b> <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"/> 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
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
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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> 		Date <b>4/19/07</b> Daytime Phone # <b>904.543.0026</b>	