2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028404

Entity Name: ABERDEEN OF ST. JOHNS, LLC

FILED Mar 29, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

414 OLD HARD ROAD

414 OLD HARD ROAD

SUITE 201 SUITE 502

FLEMING ISLAND, FL 32003 FLEMING ISLAND, FL 32003

Current Mailing Address: New Mailing Address:

414 OLD HARD ROAD 414 OLD HARD ROAD

SUITE 201 SUITE 502

FLEMING ISLAND, FL 32003 FLEMING ISLAND, FL 32003

FEI Number: 20-1497941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

WOOD, JAMES R
414 OLD HARD ROAD
414 OLD HARD ROAD
414 OLD HARD ROAD

SUITE 201 SUITE 502 FLEMING ISLAND, FL 32003 US FLEMING ISLAND, FL 32003 US

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: 03/29/2010

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: WOOD DEVELOPMENT CO. OF JACKSONVILLE

Address: 414 OLD HARD ROAD, SUITE 502 City-St-Zip: FLEMING ISLAND, FL 32003

Title: PRES

Name: WOOD, JAMES RICKY PRES
Address: 414 OLD HARD ROAD, SUITE 502
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VP/S

Name: WOOD, SUSAN D VP

Address: 414 OLD HARD ROAD, SUITE 502 City-St-Zip: FLEMING ISLAND, FL 32003

Title: T

Name: EDWARDS, JR., MABRY CFO
Address: 414 OLD HARD ROAD, SUITE 502
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 Statues.

SIGNATURE: WDC BY: MABRY EDWARDS JR, ITS CFO T/MM 03/29/2010