

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90027 015 ****50.00

DOCUMENT # L04000044878

1. Entity Name
STJ DANIELS PARKWAY, LLC



Principal Place of Business
**C/O LEDER GROUP, INC.
6530 WEST ROGERS CIRCLE, SUITE #31
BOCA RATON, FL 33487**

Mailing Address
**C/O LEDER GROUP, INC.
6530 WEST ROGERS CIRCLE, SUITE #31
BOCA RATON, FL 33487**

00010036



01312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1999974

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, LOUISE J ESQ.
C/O STEARNS WEAVER, ET AL
~~200 EAST BROWARD BLVD, SUITE 2100~~
~~FT LAUDERDALE, FL 33301~~
200 East Las Olas Blvd., Suite 2100
Ft. Lauderdale, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STS MANAGEMENT INC.
6530 W. ROGERS CIRCLE, # 31
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SEAN M LEDER

3/01/06

561-995-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #