2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L04000045169

Entity Name: GATES OF ST. JOHNS, LLC

Current Principal Place of Business:

C/O HAKIMIAN HOLDINGS, INC.
10441 ALTA DRIVE
JACKSONVILLE, FL 32226

New Principal Place of Business:

9891-4 SAN JOSE BLVD
C/O HAKIMIAN HOLDINGS INC
JACKSONVILLE, FL 32257

Current Mailing Address:

C/O HAKIMIAN HOLDINGS, INC.
10441 ALTA DRIVE
JACKSONVILLE, FL 32226

New Mailing Address:

P.O. BOX 56678
JACKSONVILLE, FL 32241

FEI Number: 20-1348189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAKIMIEN, BENJAMIN S
10441 ALTA ROAD
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

HAKIMIAN, BENJAMIN S
9891-4 SAN JOSE BLVD
JACKSONVILLE, FL 32257 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: BENJAMIN S HAKIMIAN 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HAKIMIAN, BENJAMIN S
Address: 10441 ALTA ROAD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HAKIMIAN, BENJAMIN S
Address: 9891-4 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify 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: BENJAMIN S HAKIMIAN MGR 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date