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Secretary of State
04-28-2005 90034 039 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000050018

1. Entity Name
ST. JOHN'S RIVER CLUB, L.L.C.

14005712

Principal Place of Business	Mailing Address
11136 PALMETTO BLVD. ALACHUA, FL 32615	410 TURKEY CREEK ALACHUA, FL 32615

04212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
180 Bayou Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Satsuma, FL	City & State
Zip: 32189 Country: US	Zip Country

4. FEI Number: 41-2142959 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOPE, A.BICE ESQ. 408 WEST UNIVERSITY AVE. SUITE #406 GAINESVILLE, FL 32601	Name: James A. Arnold, III, Pres. Street Address (P.O. Box Number is Not Acceptable): 410 Turkey Creek City: Alachua FL Zip Code: 32615

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. James A. Arnold, III 410 Turkey Creek Alachua, FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Keith Smyth 6601 SW 35 Way Gainesville, FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer S. Troy Smyth 122 Pine Lake Dr. Satsuma, FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Peggy A. Arnold 410 Turkey Creek Alachua, FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/26/05 (386)462-2583
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #