

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000050998

FILED
Nov 14, 2006
Secretary of State**Entity Name:** ST. JOHNS HOLDINGS, LLC**Current Principal Place of Business:**P.O. BOX 266
MAIN STREET
WEWAHITCHKA, FL 32465**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 266
MAIN STREET
WEWAHITCHKA, FL 32465**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MATLOCK, GEORGE V
1545 RAYMOND DIEHL ROAD
SUITE 250
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**MATLOCK, GEORGE V
2549 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308 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: GEORGE V. MATLOCK

11/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: MCNAIR, ALAN
Address: P.O. BOX 266
City-St-Zip: WEWAHITCHKA, FL 32465Title: MGRM () Delete
Name: HUFT, JERRY R
Address: P.O. BOX 595
City-St-Zip: WEWAHITCHKA, FL 32465Title: MGMR () Delete
Name: TOWNSEND, JAMES
Address: P.O. BOX 633
City-St-Zip: PORT ST. JOE, FL 32457**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN MCNAIR

MGMR

11/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date