

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050998

Entity Name: ST. JOHNS HOLDINGS, LLC

FILED  
Jan 16, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 266  
MAIN STREET  
WEWAHITCHKA, FL 32465

## New Principal Place of Business:

559 HWY 71 SOUTH  
WEWAHITCHKA, FL 32465

## 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  
2549 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

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:

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 32465

Title: MGRM ( ) Delete  
Name: HUFT, JERRY R  
Address: P.O. BOX 595  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: 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

MGRM

01/16/2007

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