


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000054275  
 1. Entity Name  
 TOWN CENTER AT ST. JOHNS, LLC



Principal Place of Business 925 N. COURTENAY PARKWAY SUITE 28 MERRITT ISLAND, FL 32953	Mailing Address 925 N. COURTENAY PARKWAY SUITE 28 MERRITT ISLAND, FL 32953
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1452687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOHRR, PHILIP F ESQ.  
 1800 W. HIBISCUS BLVD.  
 SUITE 138  
 MELBOURNE, FL 32901

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANANA RIVER, INC 925 N. COURTENAY PARKWAY, STE 28 MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KODS, MAURICE 925 N. COURTENAY PARKWAY, STE 28 MERRITT ISLAND, FL 32953
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 02/09/06-80047-007 50.00

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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Oxytime Phone #