


**2008 LIMITED LIABILITY COMPANY.
ANNUAL REPORT**

FILED
Jan 15, 2008 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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01042008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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01/16/08-80076-012:138.75

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 Daytime Phone #