

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072691

FILED
Apr 25, 2007
Secretary of State

Entity Name: ST. JAMES INVESTMENTS, LLC

Current Principal Place of Business:

1455 RAILHEAD BLVD.
SUITE 4
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1455 RAILHEAD BLVD.
SUITE 4
NAPLES, FL 34110

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELLAS, JAMES P
1108 GRAND ISLE DRIVE
NAPLES, FL 34108 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: ST. JAMES HOLDINGS,, LLC
Address: 1455 RAILHEAD BLVD., SUITE 4
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: TAC DEVELOPMENT LLC, - THIES PICKEN P ACK
Address: 6947 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: MGR () Delete
Name: DEERING, CHERYL
Address: 1108 GRAND ISLE DRIVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ST. JAMES HOLDINGS,, LLC - JAMES DE L LAS
Address: 1455 RAILHEAD BLVD., SUITE 4
City-St-Zip: NAPLES, FL 34110

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 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: JAMES DELLAS

MGRM

04/25/2007

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