. 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 15, 2008 8:00 am Secretary of State **DOCUMENT # L04000072693** 04-15-2008 90108 013 ***138.75 ST. JAMES HOLDINGS, LLC Principal Place of Business Mailing Address 1455 RAILHEAD BLVD. 1455 RAILHEAD BLVD. SUITE 4 SUITE 4 50003264 NAPLES, FL 34110 NAPLES, FL 34110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI Number City & State 20-1710148 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELLAS, JAMES P Street Address (P.O. Box Number is Not Acceptable) 1108 GRAND ISLE DRIVE NAPLES, FL 34108 Zip Code 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Change ☐ Addition TITLE Delete TITLE **DELLAS, JAMES P** NAME NAME 1108 GRAND ISLE DRIVE STREET ADDRESS STREET ADDRESS NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME CULP, MARY 13532 PINE VILLA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP MGR ____ _ Delete TITLE - 🖾 Change --- 🗔 Addition-DINICOLA, AL Vi. NAME NAME 13572 PINE VILLA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP ☐ Delete ☐ Addition TITI F TITLE DEERING, CHERYL NAME NAME STREET ADDRESS 1108 GRAND ISLE DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone ●