

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077266

FILED  
Aug 26, 2005  
Secretary of State

**Entity Name:** ST. JAMES PAYMENT PROCESSING, LLC

**Current Principal Place of Business:**

11771 ROYAL PALM BLVD.  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

11771 ROYAL PALM BLVD.  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 20-1811987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY RD.  
QUINCY, FL 32351      US

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: SANTIAGO, JOSEPH  
Address: 11771 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: SANTIAGO, JOHN  
Address: 1768 ANNANDALE CIRCLE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: JOHN SANTIAGO

MGRM

08/26/2005

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