

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90027 007 \*\*\*\*50.00

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DOCUMENT # L05000000431			
1. Entity Name ST. JOHNS LIMITED LIABILITY COMPANY			
Principal Place of Business 2737 NW 58TH BLVD. GAINESVILLE, FL 32606		Mailing Address 2737 NW 58TH BLVD. GAINESVILLE, FL 32606	
2. Principal Place of Business 500 NW 43 <sup>RD</sup> STREET Suite, Apt. #, etc. STE 3 City & State GAINESVILLE FL Zip 32607 Country USA		3. Mailing Address 500 NW 43 <sup>RD</sup> STREET Suite, Apt. #, etc. STE 3 City & State GAINESVILLE FL Zip 32607 Country USA	
02202006		Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-3739091		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent HUDSON, JOHN 2841 41ST STREET GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM HUDSON, JOHN 500 NW 43 <sup>RD</sup> STREET, STE 3 GAINESVILLE FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		4/13/06 352-373-1000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone</small>	