
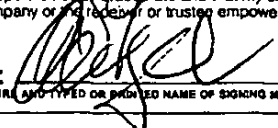


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-22-2006 90292 014 ****50.00

DOCUMENT # L05000002206			
1. Entity Name BLAIR'S PLACE ON THE ST JOHNS, LLC			
Principal Place of Business 3400 CRILL AVENUE PALATKA, FL 32177		Mailing Address XXXXXXXXXXXX XXXXXXXXXXXX	
2. Principal Place of Business		3. Mailing Address P.O. Box 129	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State East Palatka, FL	
Zip	Country	Zip	Country
		32131	Putnam
6. Name and Address of Current Registered Agent		4. FEI Number 84-1666897	
CLARK, RONALD E ESQ. 501 ST. JOHNS AVENUE PALATKA, FL 32177		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		FL Zip Code	
City			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, U D	NAME	
STREET ADDRESS	7680 A1A SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN M	NAME	
STREET ADDRESS	5825 GLORIA AVE.	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, JOHN R	NAME	
STREET ADDRESS	137 KNOWLES ROAD	STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA, FL 32131	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, C. BEN JR.	NAME	
STREET ADDRESS	3400 CRILL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL 32177	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			