


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L05000002206
 1. Entity Name
BLAIR'S PLACE ON THE ST JOHNS, LLC



Principal Place of Business Mailing Address
3400 CRILL AVENUE **P.O. BOX 129**
PALATKA, FL 32177 US **EAST PALATKA, FL 32131 US**

DO NOT WRITE IN THIS SPACE



03102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 84-1666897	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
CLARK, RONALD E ESQ.
501 ST. JOHNS AVENUE
PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) **00000855085**


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75: **03/27/08-80071-013 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLOYD, U D 7680 A1A SOUTH ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, JOHN M 5825 GLORIA AVE. ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNT, JOHN R 137 KNOWLES ROAD EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATES, C. BEN JR. 3400 CRILL AVENUE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **386-325-1950**
 _____ **3-10-08** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #