# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 28, 2007**
**Secretary of State**

DOCUMENT# L05000022901

**Entity Name:** THE SHOPPES OF ST. JOHNS OAKS, LLC

**Current Principal Place of Business:**

11202 ST. JOHNS INDUSTRIAL PKWY N.
SUITE 1
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

11732 BEACH BLVD.
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

BLACKBURN & CO, LC
5150 BELFORT RD. SO.
BUILDING 500
JACKSONVILLE, FL 32256 US

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

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: BRADY, JAMES
Address: 11202 ST. JOHNS INDUSTRIAL PKWY N, STE 1
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Delete
Name: WALSHAW, LARRY
Address: 11202 ST. JOHNS INDUSTRIAL PKWY N, STE 1
City-St-Zip: JACKSONVILLE, FL 32246

**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 Chapter 119, 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: LARRY WALSHAW MGRM 02/28/2007

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