FILED
2006 JAN 25 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05000027788

1. Entity Name

St. Johns Property Company, LLC

DO NOT WRITE IN THIS SPACE

800064512418

2. Principal Place of Business		3. Mailing Address	
1115 Marbella Plaza Drive		1115 Marbella Plaza Drive	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, Florida		City & State: Tampa, Florida	
Zip: 33619	Country: USA	Zip: 33619	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2586133 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. *Name and Address of Current Registered Agent*

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Drive, Suite 4

City: Weston FL Zip Code: 33331

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
Signature, typed or printed name of registered agent and title if applicable.

FEE: $ 50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - East West Florida Healthcare, LLC 1115 Marbella Plaza Drive Tampa, Florida 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 1/24/2006 678-553-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

L05000027788

FLORIDA FILING & SEARCH SERVICES, INC.
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1333 N. DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01-25-06

NAME: ST. JOHNS PROPERTY COMPANY, LLC

TYPE OF FILING: 2006 UBR

COST:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT: **FCA0000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

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DIVISION OF CORPORATION