

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027788

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** ST. JOHNS PROPERTY COMPANY, LLC

**Current Principal Place of Business:**

1240MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

**New Principal Place of Business:**

1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

**Current Mailing Address:**

1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 20-5886133      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

REBECCA G. THORN  
1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619      US

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

VAUGHAN, DAVID R  
1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619      US

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: DAVID R. VAUGHAN

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: EAST WEST FLORIDA HEALTHCARE, LLC  
Address: 1240 MARBELLA PLAZA DRIVE  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FRANCIS D. MORAN

MGR

03/23/2009

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