

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

1. **Feb 21, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90142 041 \*\*\*\*50.00

<b>DOCUMENT # L05000028933</b> 1. Entity Name <b>SAN JUAN PROPERTIES, LLC</b>					
Principal Place of Business <b>1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207</b>			Mailing Address <b>1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01252007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>20-2554154</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STONEBURNER BERRY &amp; SIMMONS, P.A. 841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name <b>Stanton Hudmon - MGR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1923 Southhampton Road</b> City <b>Jacksonville</b> FL    Zip Code <b>32207</b>		
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 <i>Stanton Hudmon</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <b>2/20/07</b> <small>(NOTE: Registered Agent signature required when reissuing)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUDMAN, STANTON 1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Stanton Hudmon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	