

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000038095

1. Entity Name
2245 ST. JOHNS AVENUE, LLC



Principal Place of Business

2245 ST JOHNS AVENUE
JACKSONVILLE, FL 32204

Mailing Address

2245 ST JOHNS AVENUE
JACKSONVILLE, FL 32204

FILED
Apr 16, 2007 08:00 AM
Secretary of State



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2783743

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SKINNER, RICHARD G III
2245 ST. JOHNS AVENUE
JACKSONVILLE, FL 32204

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SKINNER, RICHARD G III
STREET ADDRESS	2245 ST. JOHNS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	S
NAME	HOULIHAN, PATRICIA M
STREET ADDRESS	2245 ST. JOHNS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000711325
04/26/07-80001-011 50.00

**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:

Richard G. Skinner III

4-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #