

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90215 030 \*\*\*\*50.00

<b>DOCUMENT # L05000051854</b> 1. Entity Name <b>ST. JOHN'S INVESTMENTS, LLC</b>					
Principal Place of Business <b>432 S. BABCOCK STREET MELBOURNE, FL 32901</b>			Mailing Address <b>432 S. BABCOCK STREET MELBOURNE, FL 32901</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-2887515</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>FALLACE, JAMES H FALLACE &amp; LARKIN, L.C. 1900 S. HICKORY STREET, STE. A MELBOURNE, FL 32901</b>				7. Name and Address of New Registered Agent Name <b>Dean Mead Services LLC</b> Street Address (P.O. Box, Junior Building, etc.) <b>800 N. Magnolia Ave.</b> <b>Suite 1500</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32803</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. <b>DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO &amp; BOZARTH, P.A., SOLE MEMBER</b> OF <b>DEAN MEAD SERVICES, LLC</b> SIGNATURE BY: <i>Steven C. Lee</i> <b>STEVEN C. LEE, VICE PRESIDENT</b> <b>3/20/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR PEZZEMINTI, ALEXANDER 432 S. BABCOCK STREET MELBOURNE, FL 32901</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 606, Florida Statutes.					
<b>SIGNATURE:</b> <i>Alexander Pezzeminti</i>		<b>Alexander Pezzeminti 3/15/06 321-723-0651</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>			