

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000051854

1. Entity Name
ST. JOHN'S INVESTMENTS, LLC



Principal Place of Business
432 S. BABCOCK STREET
MELBOURNE, FL 32901

Mailing Address
432 S. BABCOCK STREET
MELBOURNE, FL 32901

FILED
Apr 14, 2008 08:00 A
Secretary of State



03212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2887515

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES LLC
800 N. MAGNOLIA AVE.
SUITE 1500
ORLANDO, FL 32803

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000897240

04/25/08-80053-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEZZEMINTI, ALEXANDER
STREET ADDRESS	432 S. BABCOCK STREET
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

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

3/21/08 321-722-5033

Date

Daytime Phone #