

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056110

FILED
Apr 14, 2009
Secretary of State

Entity Name: ST. JAMES MULE, LLC

Current Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-2962806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLG MANAGEMENT SERVICES, LLC
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CHMN () Delete
Name: STOKES, E. CHESTER JR
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: PRES () Delete
Name: HOLZ, F. LOGAN
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP () Delete
Name: KUNKEL, JOHN C
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPSE () Delete
Name: HOLM, MALLORY G
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPTR () Delete
Name: FREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: AS () Delete
Name: LAWARRE, JOY L
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES:

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

Title: PRES (X) Change () Addition
Name: CONNERTY, HUGH H
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

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

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

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

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: MALLORY GAYLE HOLM

VPSE

04/14/2009

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